Fill in this information to identify your case:		
United States Bankruptcy Court for the:		
EASTERN DISTRICT OF TEXAS	_	
Case number (if known)	_ Chapter you are filing under:	
	Chapter 7	
	☐ Chapter 11	
	☐ Chapter 12	
	☐ Chapter 13	Check if this an amended filing

Official Form 101

Voluntary Petition for Individuals Filing for Bankruptcy

12/17

The bankruptcy forms use you and Debtor 1 to refer to a debtor filing alone. A married couple may file a bankruptcy case together—called a *joint case*—and in joint cases, these forms use you to ask for information from both debtors. For example, if a form asks, "Do you own a car," the answer would be yes if either debtor owns a car. When information is needed about the spouses separately, the form uses *Debtor 1* and *Debtor 2* to distinguish between them. In joint cases, one of the spouses must report information as *Debtor 1* and the other as *Debtor 2*. The same person must be *Debtor 1* in all of the forms.

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Pai	t 1: Identify Yourself		
		About Debtor 1:	About Debtor 2 (Spouse Only in a Joint Case):
1.	Your full name		
	Write the name that is on	Shirley	
	your government-issued picture identification (for example, your driver's	First name	First name
	license or passport).	Middle name	 Middle name
	Bring your picture	Adams	
	identification to your meeting with the trustee.	Last name and Suffix (Sr., Jr., II, III)	Last name and Suffix (Sr., Jr., II, III)
2.	All other names you have used in the last 8 years	•	
	Include your married or maiden names.		
3.	Only the last 4 digits of your Social Security number or federal Individual Taxpayer Identification number (ITIN)	xxx-xx-5982	

Case number (if known)

	About Debtor 1:	About Debtor 2 (Spouse Only in a Joint Case):		
Any business names and Employer Identification Numbers (EIN) you have used in the last 8 years Include trade names and doing business as names	☐ I have not used any business name or EINs. DBA Cars Auto Body Collision Center Business name(s) EINs	☐ I have not used any business name or EINs. Business name(s) EINs		
Where you live	2101 Glen Forest Lane	If Debtor 2 lives at a different address:		
	Plano, TX 75023 Number, Street, City, State & ZIP Code	Number, Street, City, State & ZIP Code		
	Collin			
	County	County		
	If your mailing address is different from the one above, fill it in here. Note that the court will send any notices to you at this mailing address.	If Debtor 2's mailing address is different from yours, fill it in here. Note that the court will send any notices to this mailing address.		
	Number, P.O. Box, Street, City, State & ZIP Code	Number, P.O. Box, Street, City, State & ZIP Code		
Why you are choosing this district to file for bankruptcy	Check one: Over the last 180 days before filing this petition, I have lived in this district longer than in any other district. I have another reason. Explain. (See 28 U.S.C. § 1408.)	Check one: Over the last 180 days before filing this petition, I have lived in this district longer than in any other district. I have another reason. Explain. (See 28 U.S.C. § 1408.)		
	Employer Identification Numbers (EIN) you have used in the last 8 years Include trade names and doing business as names Where you live Why you are choosing this district to file for	Any business names and Employer Identification Numbers (EIN) you have used in the last 8 years Include trade names and doing business as names Business name(s)		

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Deb	tor 1	Shirley Adams				_	Case number (if known)	
Par	t 2:	Tell the Court About	our Bank	ruptcy Ca	ase			
7.	Bank	chapter of the cruptcy Code you are psing to file under	Check on (Form 20		by 11 U.S.C. § 342(b) for Individuals Filing for Bankru iate box.	ptcy		
	CHOC	osing to me under	■ Chapt	er 7				
			☐ Chapt	er 11				
			☐ Chapt	er 12				
			☐ Chapt	er 13				
8.	How	you will pay the fee	abo ord	out how your er. If your	ou may pay. Typically, if you ar	e paying the fee	eck with the clerk's office in your local court for more yourself, you may pay with cash, cashier's check, or ehalf, your attorney may pay with a credit card or che	money
							otion, sign and attach the Application for Individuals to	o Pay
			☐ I re	quest that	uired to, waive your fee, and m	request this opt	tion only if you are filing for Chapter 7. By law, a judg your income is less than 150% of the official poverty	line that
							e in installments). If you choose this option, you must fficial Form 103B) and file it with your petition.	iiii out
9.		you filed for cruptcy within the	■ No.					
		B years?	☐ Yes.					
				District		When	Case number	
				District		When	Case number	
				District	-	When	Case number	
10.		any bankruptcy s pending or being	■ No					
	filed not f you,	by a spouse who is iling this case with or by a business ner, or by an	☐ Yes.					
				Debtor			Relationship to you	
				District		When	Case number, if known	
				Debtor			Relationship to you	
				District		_ When	Case number, if known	
11.		ou rent your lence?	■ No.	Go to	line 12.			
			☐ Yes.	Has yo	our landlord obtained an eviction	n judgment agai	inst you?	
					No. Go to line 12.			
					Yes. Fill out <i>Initial Statement</i> this bankruptcy petition.	About an Evictio	on Judgment Against You (Form 101A) and file it as p	art of

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Deb	otor 1 Shirley Adams			Case number (if known)
Par	Poport About Any Ru	icinoccoc	You Own as a Sole Propri	otor
гаі	to. Report About Ally Bu	1311163363	Tou Own as a Sole Fropin	6101
12.	Are you a sole proprietor of any full- or part-time business?	■ No.	Go to Part 4.	
		☐ Yes.	Name and location of bu	usiness
	A sole proprietorship is a			
	business you operate as an individual, and is not a separate legal entity such as a corporation, partnership, or LLC.		Name of business, if an	y
	If you have more than one sole proprietorship, use a		Number, Street, City, St	ate & ZIP Code
	separate sheet and attach it to this petition.		Check the appropriate h	pox to describe your business:
	it to this polition.			siness (as defined in 11 U.S.C. § 101(27A))
				al Estate (as defined in 11 U.S.C. § 101(51B))
				defined in 11 U.S.C. § 101(53A))
				xer (as defined in 11 U.S.C. § 101(6))
			☐ None of the abo	- ' ' '
13.	Are you filing under Chapter 11 of the Bankruptcy Code and are you a <i>small business</i> <i>debtor?</i>	deadline operation	s. If you indicate that you among, cash-flow statement, and S.C. 1116(1)(B).	e court must know whether you are a small business debtor so that it can set appropriate e a small business debtor, you must attach your most recent balance sheet, statement of I federal income tax return or if any of these documents do not exist, follow the procedure
	For a definition of small	■ No.	I am not filing under Cha	apter 11.
	business debtor, see 11 U.S.C. § 101(51D).	□ No.	I am filing under Chapte Code.	r 11, but I am NOT a small business debtor according to the definition in the Bankruptcy
		☐ Yes.	I am filing under Chapte	r 11 and I am a small business debtor according to the definition in the Bankruptcy Code.
Par	t 4: Report if You Own or	Have Any	/ Hazardous Property or A	ny Property That Needs Immediate Attention
14.	Do you own or have any	■ No.		
	property that poses or is alleged to pose a threat	☐ Yes.		
	of imminent and identifiable hazard to		What is the hazard?	
	public health or safety?			
	Or do you own any property that needs immediate attention?		If immediate attention is needed, why is it needed?	
	For example, do you own perishable goods, or livestock that must be fed, or a building that needs urgent repairs?		Where is the property?	
				Number, Street, City, State & Zip Code

Case number (if known)

Part 5:

Explain Your Efforts to Receive a Briefing About Credit Counseling

Tell the court whether you have received a briefing about credit counseling.

The law requires that you receive a briefing about credit counseling before you file for bankruptcy. You must truthfully check one of the following choices. If you cannot do so, you are not eligible to file.

If you file anyway, the court can dismiss your case, you will lose whatever filing fee you paid, and your creditors can begin collection activities again.

About Debtor 1:

You must check one:

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy. If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

☐ I am not required to receive a briefing about credit counseling because of:

☐ Incapacity.

I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

□ Disability.

My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

☐ Active duty.

I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver credit counseling with the court.

About Debtor 2 (Spouse Only in a Joint Case):

You must check one:

□ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

☐ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy.

If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

I am not required to receive a briefing about credit
counseling because of:

☐ Incapacity.

I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

□ Disability.

My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

☐ Active duty.

I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court.

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Det	otor 1 Shirley Adams			Case num	ber (if known)
Par	t 6: Answer These Quest	ions for R	eporting Purposes		
16. What kind of debts do you have?16a. Are your debts primarily consumer debts? Consumer debts are defined in 11 U.S.C. individual primarily for a personal, family, or household purpose."□ No. Go to line 16b.					efined in 11 U.S.C. § 101(8) as "incurred by an
			☐ No. Go to line 16b.		
			Yes. Go to line 17.		
		16b.		business debts? Business debts are debyestment or through the operation of the b	
			☐ No. Go to line 16c.		
			☐ Yes. Go to line 17.		
		16c.	State the type of debts you	owe that are not consumer debts or busing	ness debts
17.	Are you filing under Chapter 7?	□ No.	I am not filing under Chapte	er 7. Go to line 18.	
	Do you estimate that after any exempt property is excluded and	■ Yes.		. Do you estimate that after any exempt pravailable to distribute to unsecured credito	roperty is excluded and administrative expenses rs?
	administrative expenses		■ No		
	are paid that funds will be available for distribution to unsecured creditors?		Yes		
18.	How many Creditors do	1 -49		□ 1,000-5,000	□ 25,001-50,000
	you estimate that you owe?	☐ 50-99)	☐ 5001-10,000	☐ 50,001-100,000
	owe:	□ 100-1 □ 200-9		□ 10,001-25,000	☐ More than100,000
19.	How much do you estimate your assets to	\$ 0 - \$	550,000	☐ \$1,000,001 - \$10 million	□ \$500,000,001 - \$1 billion
	be worth?		001 - \$100,000	☐ \$10,000,001 - \$50 million ☐ \$50,000,001 - \$100 million	☐ \$1,000,000,001 - \$10 billion ☐ \$10,000,000,001 - \$50 billion
			,001 - \$500,000 ,001 - \$1 million	□ \$100,000,001 - \$500 million	☐ More than \$50 billion
20.	How much do you estimate your liabilities	□ \$0 - \$	550,000	□ \$1,000,001 - \$10 million	□ \$500,000,001 - \$1 billion
	to be?		001 - \$100,000	☐ \$10,000,001 - \$50 million ☐ \$50,000,001 - \$100 million	☐ \$1,000,000,001 - \$10 billion ☐ \$10,000,000,001 - \$50 billion
			,001 - \$500,000 ,001 - \$1 million	□ \$100,000,001 - \$100 million	☐ \$10,000,000,001 - \$50 billion
Par	t7: Sign Below				
For	you	I have ex	camined this petition, and I do	eclare under penalty of perjury that the infe	ormation provided is true and correct.
				7, I am aware that I may proceed, if eligible relief available under each chapter, and I	le, under Chapter 7, 11,12, or 13 of title 11, choose to proceed under Chapter 7.
If no attorney represents me and I did not pay or agree to pay someone who is not an attorney to help me fill out this document, I have obtained and read the notice required by 11 U.S.C. § 342(b). I request relief in accordance with the chapter of title 11, United States Code, specified in this petition. I understand making a false statement, concealing property, or obtaining money or property by fraud in connection witl bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 134 and 3571. /s/ Shirley Adams					not an attorney to help me fill out this
					pecified in this petition.
		Shirley	Adams e of Debtor 1	Signature of Deb	otor 2
		Executed	d on January 21, 2019	Executed on	
			MM / DD / YYYY		MM / DD / YYYY

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Debtor 1 Shirley Adams Case number (if known)

For your attorney, if you are represented by one

If you are not represented by an attorney, you do not need to file this page. I, the attorney for the debtor(s) named in this petition, declare that I have informed the debtor(s) about eligibility to proceed under Chapter 7, 11, 12, or 13 of title 11, United States Code, and have explained the relief available under each chapter for which the person is eligible. I also certify that I have delivered to the debtor(s) the notice required by 11 U.S.C. § 342(b) and, in a case in which § 707(b)(4)(D) applies, certify that I have no knowledge after an inquiry that the information in the schedules filed with the petition is incorrect.

/s/ Chad A. Norcross	Date	January 21, 2019
Signature of Attorney for Debtor		MM / DD / YYYY
Chad A. Norcross 24039513		
Printed name		
Norcross Law		
Firm name		
9288 Wichita Trail		
Frisco, TX 75033		
Number, Street, City, State & ZIP Code		
Contact phone 214-368-9300	Email address	chad.norcross@norcrosslaw.com
24039513 TX		
Par number & State		

		Case 19-40104 DC	ICI FIIEG 01/21/19 EIIC	ered 01/21/19 11.45.04 Desc Main Document P	age 8 01 61	
Fill	in this inform	ation to identify your	case:			
Del	btor 1	Shirley Adams				
	h. (0	First Name	Middle Name	Last Name		
	btor 2 buse if, filing)	First Name	Middle Name	Last Name		
Uni	ited States Ban	kruptcy Court for the:	EASTERN DISTRICT C	DF TEXAS		
Cas	se number					
(if kr	nown)				_	if this is an
					amend	ed filing
∩f	ficial Ear	m 106Sum				
			and Liabilities ar	nd Certain Statistical Information	1	2/15
Be a	as complete a	nd accurate as possil	ble. If two married people	e are filing together, both are equally responsible ne information on this form. If you are filing amen	for supplying	g correct
				k the box at the top of this page.		•
Par	rt 1: Summa	rize Your Assets				
					Your as Value of	sets what you own
1.	Schedule A/ 1a. Copy line	B: Property (Official Fe 55, Total real estate, f	orm 106A/B) from Schedule A/B		\$	0.00
	1b. Copy line	e 62, Total personal pro	operty, from Schedule A/B.		\$	500.00
	1c. Copy line	e 63, Total of all propert	y on Schedule A/B		\$	500.00
Par	t 2: Summa	rize Your Liabilities				
					Your lia	bilities you owe
2.			Claims Secured by Property Imn A, Amount of claim, at	v (Official Form 106D) the bottom of the last page of Part 1 of <i>Schedule D</i>	\$	0.00
3.			Unsecured Claims (Officia 1 (priority unsecured claim	al Form 106E/F) as) from line 6e of <i>Schedule E/F</i>	\$	0.00
	3b. Copy the	e total claims from Part	2 (nonpriority unsecured of	claims) from line 6j of Schedule E/F	\$	66,220.00
				Your total liabilities	\$	66,220.00
Par	rt 3: Summa	arize Your Income and	d Expenses			
4.		Your Income (Official Fo		÷ I	\$	0.00
5.	Schedule J: Copy your m	Your Expenses (Officia onthly expenses from I	I Form 106J) ine 22c of <i>Schedule J</i>		\$	225.00
Par	rt 4: Answer	r These Questions for	r Administrative and Stat	istical Records		
6.	-	• • •	ler Chapters 7, 11, or 13? ton this part of the form. C	heck this box and submit this form to the court with y	our other sch	edules.
7.	■ Yes What kind o	f debt do you have?				
	Your de	ebts are primarily con		debts are those "incurred by an individual primarily fo	r a personal,	family, or

Your debts are not primarily consumer debts. You have nothing to report on this part of the form. Check this box and submit this form to the court with your other schedules.

Official Form 106Sum

Summary of Your Assets and Liabilities and Certain Statistical Information

Case number (if known)

8. **From the** *Statement of Your Current Monthly Income*: Copy your total current monthly income from Official Form 122A-1 Line 11; **OR**, Form 122B Line 11; **OR**, Form 122C-1 Line 14.

\$_____

9. Copy the following special categories of claims from Part 4, line 6 of Schedule E/F:

From Part 4 on Schedule E/F, copy the following:	Total clai	m
Troni r art 4 on ocheane Er, copy the following.		
9a. Domestic support obligations (Copy line 6a.)	\$	0.00
9b. Taxes and certain other debts you owe the government. (Copy line 6b.)	\$	0.00
9c. Claims for death or personal injury while you were intoxicated. (Copy line 6c.)	\$	0.00
9d. Student loans. (Copy line 6f.)	\$	0.00
9e. Obligations arising out of a separation agreement or divorce that you did not report as priority claims. (Copy line 6g.)	\$	0.00
9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.)	+\$	0.00
9g. Total. Add lines 9a through 9f.	\$	0.00

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	Ca3C 13 40104 DC	CI THEO 01/21/13 LINC	Ered 01/21/13 11.43.04 Desc Walli	Document 1 age 10 t	7 01
Fill in this inforn	nation to identify your	case and this filing:			
Debtor 1	Shirley Adams				
Debtor 2	First Name	Middle Name	Last Name		
(Spouse, if filing)	First Name	Middle Name	Last Name		
United States Bar	nkruptcy Court for the:	EASTERN DISTRICT OF	FTEXAS		
Case number _					☐ Check if this is an amended filing
Official Fo	rm 106A/B				
Schedule	e A/B: Prop	erty			12/15
think it fits best. Be information. If more Answer every ques	e as complete and accur e space is needed, attach tion.	ate as possible. If two marrie n a separate sheet to this for	once. If an asset fits in more than one c ed people are filing together, both are ed m. On the top of any additional pages, v e You Own or Have an Interest In	qually responsible for sup	plying correct
1 Do you own or h	nave any legal or equitab	= le interest in any residence.	building, land, or similar property?		
_	, .	,,,,	ananig, iana, or ominar property.		
■ No. Go to Part □ Yes. Where is					
Part 2: Describe	Your Vehicles				
			hicles, whether they are registered ule G: Executory Contracts and Unex		hicles you own that
3. Cars, vans, tru	ucks, tractors, sport u	tility vehicles, motorcycle	es		
■ No					
☐ Yes					
•			nal vehicles, other vehicles, and acsessels, snowmobiles, motorcycle acces		
■ No					
☐ Yes					
			ntries from Part 2, including any en		\$0.00
Part 3: Describe	Your Personal and Hous	sehold Items			
		table interest in any of the	e following items?	C	Surrent value of the
				D	ortion you own? To not deduct secured laims or exemptions.
Examples: Ma	,	e, linens, china, kitchenwar	е		
☐ Yes. Descr	ibe				
		udio, video, stereo, and digi neras, media players, game	ital equipment; computers, printers, so es	canners; music collectio	ns; electronic devices
□ Yes Descr	rihe				

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Debtor 1 Sh	irley Adams			Case number (if known	n)
	ntiques and figurines; paint ther collections, memorabil		artwork; books, pictures, or	other art objects; stamp, coi	n, or baseball card collections;
Examples: S	usical instruments	se, and other hobby o	equipment; bicycles, pool ta	bles, golf clubs, skis; canoe	s and kayaks; carpentry tools;
10. Firearms Examples: ■ No □ Yes. Description	Pistols, rifles, shotguns, am	nmunition, and related	d equipment		
11. Clothes Examples: □ No ■ Yes. Description	Everyday clothes, furs, leat cribe Wearing A		vear, shoes, accessories		
			Lane, Plano TX 75023		\$500.00
■ No □ Yes. Description 13. Non-farm at Examples: ■ No □ Yes. Description 14. Any other points in No	nimals Dogs, cats, birds, horses cribe		t rings, wedding rings, heirld	oom jewelry, watches, gems,	gold, silver
		,	ncluding any entries for p	ages you have attached	\$500.00
	Your Financial Assets have any legal or equital	ole interest in any o	f the following?		Current value of the portion you own? Do not deduct secured claims or exemptions.
■ No	Money you have in your wa	•		hand when you file your pet	ition
	Checking, savings, or other nstitutions. If you have mu		certificates of deposit; share ne same institution, list each	s in credit unions, brokerage n.	e houses, and other similar

	Case 19-40164 Doc 1 Filed 01/21/19 Entered 01/21/19 11:45:04	Desc Main Document Page 2	12 of 61
De	ebtor 1 Shirley Adams	Case number (if known)	
18.	Bonds, mutual funds, or publicly traded stocks Examples: Bond funds, investment accounts with brokerage firms, money market accounts.	unts	
	■ No □ Yes Institution or issuer name:		
19.	Non-publicly traded stock and interests in incorporated and unincorporated busin joint venture	nesses, including an interest in	an LLC, partnership, and
	■ No		
	☐ Yes. Give specific information about them Name of entity:	% of ownership:	
20.	 Government and corporate bonds and other negotiable and non-negotiable instru Negotiable instruments include personal checks, cashiers' checks, promissory notes, a Non-negotiable instruments are those you cannot transfer to someone by signing or del No 	and money orders.	
	☐ Yes. Give specific information about them		
	Issuer name:		
21.	 Retirement or pension accounts Examples: Interests in IRA, ERISA, Keogh, 401(k), 403(b), thrift savings accounts, or of ■ No 	ther pension or profit-sharing plan	ns
	Yes. List each account separately. Type of account: Institution name:		
22.	Security deposits and prepayments Your share of all unused deposits you have made so that you may continue service or u Examples: Agreements with landlords, prepaid rent, public utilities (electric, gas, water)		, or others
	■ No	-l-	
	Yes Institution name or individua	aı:	
23.	 Annuities (A contract for a periodic payment of money to you, either for life or for a num No 	nber of years)	
	☐ Yes Issuer name and description.		
24.	Interests in an education IRA, in an account in a qualified ABLE program, or under 26 U.S.C. §§ 530(b)(1), 529A(b), and 529(b)(1). ■ No	r a qualified state tuition progra	am.
	Yes Institution name and description. Separately file the records of any	y interests.11 U.S.C. § 521(c):	
	 Trusts, equitable or future interests in property (other than anything listed in line of the No ✓ Yes. Give specific information about them 	1), and rights or powers exerci	sable for your benefit
26.	 Patents, copyrights, trademarks, trade secrets, and other intellectual property Examples: Internet domain names, websites, proceeds from royalties and licensing agr No 	reements	
	☐ Yes. Give specific information about them		
27.	 Licenses, franchises, and other general intangibles Examples: Building permits, exclusive licenses, cooperative association holdings, liquor No 	r licenses, professional licenses	
	☐ Yes. Give specific information about them		
M	oney or property owed to you?		Current value of the portion you own? Do not deduct secured claims or exemptions.
28.	. Tax refunds owed to you		
	■ No	ones and the terrores	

☐ Yes. Give specific information about them, including whether you already filed the returns and the tax years......

			Case 19-40164	Doc 1	Filed 01/21/19	Entered 01/21	/19 11:45:04	Desc Main Document Pa	age 13 of 61
De	ebtor 1	Shirle	y Adams					Case number (if known)	
	Exam ■ No	•			ıy, spousal suppo	ort, child support	t, maintenance	, divorce settlement, property	/ settlement
	Exam _i ■ No	<i>ples:</i> Unp ben	efits; unpaid loa	bility insu Ins you m	rance payments, ade to someone		iits, sick pay, va	acation pay, workers' compe	ensation, Social Security
	Interes	sts in ins	ecific information urance policies	S	ance: health cavi	ings account (H)	SA): aradit bar	meowner's, or renter's insura	200
	■ No	іріеѕ. пеа	itti, disability, di	ille illsui	ance, nealin savi	ings account (H	SA), credit, flor	neowners, or remers insura	nce
	☐ Yes.	. Name the		npany of e ompany n	each policy and I name:	ist its value.	Ber	neficiary:	Surrender or refund value:
32.	If you some		eneficiary of a li		u from someone , expect proceed			or are currently entitled to rec	eive property because
	■ No □ Yes.	. Give spe	ecific information	n					
33.					or not you have utes, insurance cl			mand for payment	
	☐ Yes.	. Describe	e each claim						
34.	Other No	continge	nt and unliquio	dated cla	ims of every na	ture, including	counterclaim	s of the debtor and rights to	o set off claims
	☐ Yes.	. Describe	e each claim						
35.	Any fii ■ No	nancial a	ssets you did r	not alread	dy list				
	☐ Yes.	. Give spe	ecific information	n					
36				•	tries from Part 4		•	ages you have attached	\$0.00
Pa	rt 5: De	escribe An	y Business-Rela	ted Prope	rty You Own or Ha	ive an Interest In.	. List any real es	state in Part 1.	
_				quitable ir	nterest in any bus	iness-related pro	perty?		
_	_	o to Part 6.							
L	→ Yes. (Go to line 3	38.						
Pa			y Farm- and Con have an interest i		ishing-Related Pro	operty You Own	or Have an Inter	rest In.	
46.		u own or . Go to Par	, ,	or equit	able interest in	any farm- or co	mmercial fish	ning-related property?	
	☐ Yes	s. Go to lin	e 47.						
Pa	rt 7:	Describ	e All Property Yo	ou Own or	Have an Interest	in That You Did N	Not List Above		
53.			her property o		d you did not al	ready list?			

■ No

☐ Yes. Give specific information.......

Debtor 1 Case number (if known) **Shirley Adams** 54. Add the dollar value of all of your entries from Part 7. Write that number here \$0.00 List the Totals of Each Part of this Form 55. Part 1: Total real estate, line 2 \$0.00 Part 2: Total vehicles, line 5 56. \$0.00 57. Part 3: Total personal and household items, line 15 \$500.00 58. Part 4: Total financial assets, line 36 \$0.00 Part 5: Total business-related property, line 45 59. \$0.00 Part 6: Total farm- and fishing-related property, line 52 \$0.00 Part 7: Total other property not listed, line 54 61. \$0.00 Total personal property. Add lines 56 through 61... \$500.00 62. Copy personal property total \$500.00 63. Total of all property on Schedule A/B. Add line 55 + line 62 \$500.00

Fill in to				
Debtor	his information to identify your o	case:		
	1 Shirley Adams			
	First Name	Middle Name	Last Name	
Debtor : (Spouse if		Middle Name	Last Name	
United S	States Bankruptcy Court for the:	EASTERN DISTRICT OF TEX	XAS	
Case nu (if known)				☐ Check if this is an amended filing
	ial Form 106C edule C: The Pro	operty You Clai	im as Exempt	4/16
Be as co the propereded, case nur	omplete and accurate as possible. erty you listed on <i>Schedule A/B: P</i> fill out and attach to this page as rmber (if known).	If two married people are filing to the fili	together, both are equally responsible for as your source, list the property that you all Page as necessary. On the top of any	claim as exempt. If more space is additional pages, write your name and
specific any app iunds— exempti to the ap	dollar amount as exempt. Altern dicable statutory limit. Some exe may be unlimited in dollar amount ion to a particular dollar amount pplicable statutory amount.	natively, you may claim the fuentions—such as those for lent. However, if you claim an earn the value of the property	Ill fair market value of the property be health aids, rights to receive certain be exemption of 100% of fair market valu is determined to exceed that amount	ing exempted up to the amount of enefits, and tax-exempt retirement e under a law that limits the
Part 1:	Identify the Property You Cla	m as Exempt		
1. Whi	ich set of exemptions are you cl	aiming? Check one only, even	if your spouse is filing with you.	
	You are claiming state and federal			
— \		nonbankruptcy exemptions. 1	1 U.S.C. § 522(b)(3)	
_	You are claiming federal exemption	. , .	1 U.S.C. § 522(b)(3)	
		ns. 11 U.S.C. § 522(b)(2)	1 U.S.C. § 522(b)(3) mpt, fill in the information below.	
2. For		ns. 11 U.S.C. § 522(b)(2) ule A/B that you claim as exer	• (//,/	Specific laws that allow exemption
2. For	any property you list on Schedu	ns. 11 U.S.C. § 522(b)(2) ule A/B that you claim as exer on Current value of the	mpt, fill in the information below.	Specific laws that allow exemption
2. For Brie Sch	any property you list on Schedule of description of the property and line liedule A/B that lists this property arring Apparell	ule A/B that you claim as exer on Current value of the portion you own Copy the value from Schedule A/B \$500.00	mpt, fill in the information below. Amount of the exemption you claim	Tex. Prop. Code §§
2. For Brie Sch	any property you list on Schedule description of the property and line liedule A/B that lists this property	ule A/B that you claim as exer on Current value of the portion you own Copy the value from Schedule A/B \$500.00	mpt, fill in the information below. Amount of the exemption you claim Check only one box for each exemption.	

Fill in this infor	mation to identify your	case:		
Debtor 1	Shirley Adams			
	First Name	Middle Name	Last Name	
Debtor 2				
(Spouse if, filing)	First Name	Middle Name	Last Name	
United States Ba	ankruptcy Court for the:	EASTERN DISTRICT O	F TEXAS	
Case number (if known)				☐ Check if this is an amended filing

Official Form 106D

Schedule D: Creditors Who Have Claims Secured by Property

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the Additional Page, fill it out, number the entries, and attach it to this form. On the top of any additional pages, write your name and case number (if known).

- 1. Do any creditors have claims secured by your property?
 - No. Check this box and submit this form to the court with your other schedules. You have nothing else to report on this form.
 - ☐ Yes. Fill in all of the information below.

Fill in this	information to identify your	case:			
Debtor 1	Shirley Adams				
	First Name	Middle Name	Last Name		
Debtor 2 (Spouse if, fili	ng) First Name	Middle Name	Last Name		
	-				
United Sta	ites Bankruptcy Court for the:	EASTERN DIST	RICT OF TEXAS		
Case num (if known)	ber				Check if this is an
	Form 106E/F ule E/F: Creditors W	/ho Have Un	secured Claims		amended filing 12/15
any executor Schedule G Schedule D Ieft. Attach t name and c Part 1:	ory contracts or unexpired leases: Executory Contracts and Unexp: Creditors Who Have Claims Section Page to this pagase number (if known). List All of Your PRIORITY Unexpired in the continuation of the contract of the con	that could result in ired Leases (Official ured by Property. If ge. If you have no inf secured Claims	a claim. Also list executory Form 106G). Do not includ more space is needed, cop ormation to report in a Part	reart 2 for creditors with NONPRIC re contracts on Schedule A/B: Prope e any creditors with partially secur y the Part you need, fill it out, numl , do not file that Part. On the top of	red claims that are listed in ber the entries in the boxes on the
_ `	creditors have priority unsecure	d claims against you	1?		
	Go to Part 2.				
☐ Yes					
Part 2:	List All of Your NONPRIORIT	Y Unsecured Clai	ms		
□ No. ■ Yes		art. Submit this form t	o the court with your other sc	hedules. ho holds each claim. If a creditor ha	s more than one nonpriority
unsecu	red claim, list the creditor separatel	y for each claim. For e	each claim listed, identify wha	t type of claim it is. Do not list claims an three nonpriority unsecured claims	already included in Part 1. If more
					Total claim
Ва	aylor Scott & White Medic	al			
4.1 C (enter		4 digits of account number	·	\$25,000.00
12	onpriority Creditor's Name 2505 Lebanon Road risco, TX 75035	Whe	n was the debt incurred?	2016	
	ımber Street City State Zlp Code	As o	f the date you file, the clain	is: Check all that apply	
WI	ho incurred the debt? Check one.				
-	Debtor 1 only		Contingent		
	Debtor 2 only	Πı	Inliquidated		
	Debtor 1 and Debtor 2 only		Disputed		
	At least one of the debtors and an	other Type	of NONPRIORITY unsecur	ed claim:	
	Check if this claim is for a com	munity 🗆 S	Student loans		
de			Dbligations arising out of a seprt as priority claims	paration agreement or divorce that yo	u did not
	No			ing plans, and other similar debts	
				חוש פונים, מווע סנויטו אווווומו עבטנא	
Ц	Yes		Other. Specify Medical		

Debte	or 1 Shirley Adams		Case number (if known)	
4.2	CMRE FINANCIAL SERVICES	Last 4 digits of account number	8864	\$526.00
	Nonpriority Creditor's Name 3075 E. IMPERIAL HWY #200 Brea, CA 92821	When was the debt incurred?	09/2016	
	Number Street City State Zlp Code	As of the date you file, the claim	s: Check all that apply	
	Who incurred the debt? Check one.	•	,	
	■ Debtor 1 only	☐ Contingent		
	Debtor 2 only	☐ Unliquidated		
	Debtor 1 and Debtor 2 only	☐ Disputed		
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecure	d claim:	
	☐ Check if this claim is for a community	☐ Student loans		
	debt Is the claim subject to offset?	Obligations arising out of a separeport as priority claims	ration agreement or divorce that you did not	
	■ No	Debts to pension or profit-sharing	g plans, and other similar debts	
	Yes	Other. Specify Medical		
4.3	CMRE FINANCIAL SERVICES	Last 4 digits of account number	2380	\$526.00
	Nonpriority Creditor's Name 3075 E. IMPERIAL HWY #200 Brea, CA 92821	When was the debt incurred?	01/2017	
	Number Street City State Zlp Code	As of the date you file, the claim	is: Check all that apply	
	Who incurred the debt? Check one.			
	Debtor 1 only	☐ Contingent		
	Debtor 2 only	☐ Unliquidated		
	☐ Debtor 1 and Debtor 2 only	☐ Disputed		
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecure	d claim:	
	☐ Check if this claim is for a community	☐ Student loans		
	debt		ration agreement or divorce that you did not	
	Is the claim subject to offset?	report as priority claims	n along and albertainthe debte	
	■ No	Debts to pension or profit-sharin	g plans, and other similar debts	
	Yes	Other. Specify Medical		
4.4	CMRE FINANCIAL SERVICES Nonpriority Creditor's Name	Last 4 digits of account number	4277	\$526.00
	3075 E. IMPERIAL HWY #200 Brea, CA 92821	When was the debt incurred?	06/2016	
	Number Street City State Zlp Code	As of the date you file, the claim	s: Check all that apply	
	Who incurred the debt? Check one.			
	■ Debtor 1 only	☐ Contingent		
	Debtor 2 only	☐ Unliquidated		
	Debtor 1 and Debtor 2 only	☐ Disputed		
	At least one of the debtors and another	Type of NONPRIORITY unsecured	d claim:	
	☐ Check if this claim is for a community	Student loans		
	debt Is the claim subject to offset?	Obligations arising out of a separeport as priority claims	ration agreement or divorce that you did not	
	■ No	Debts to pension or profit-sharir	g plans, and other similar debts	
			g preserve, and a suite annual debits	
	Yes	Other. Specify Medical		

Debte	or 1 Shirley Adams		Case number (if known)	
4.5	CMRE FINANCIAL SERVICES	Last 4 digits of account number	6100	\$526.00
	Nonpriority Creditor's Name 3075 E. IMPERIAL HWY #200 Brea, CA 92821	When was the debt incurred?	09/2017	
	Number Street City State Zlp Code	As of the date you file, the claim	s: Check all that apply	
	Who incurred the debt? Check one.	•		
	■ Debtor 1 only	☐ Contingent		
	Debtor 2 only	Unliquidated		
	Debtor 1 and Debtor 2 only	☐ Disputed		
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured	d claim:	
	☐ Check if this claim is for a community	☐ Student loans		
	debt Is the claim subject to offset?	Obligations arising out of a separeport as priority claims	ration agreement or divorce that you did not	
	No	Debts to pension or profit-sharing	g plans, and other similar debts	
	Yes	Other. Specify Medical		
4.6	CMRE FINANCIAL SERVICES	Last 4 digits of account number	2381	\$526.00
	Nonpriority Creditor's Name 3075 E. IMPERIAL HWY #200 Brea, CA 92821	When was the debt incurred?	01/2017	
	Number Street City State Zlp Code	As of the date you file, the claim	s: Check all that apply	
	Who incurred the debt? Check one.			
	■ Debtor 1 only	☐ Contingent		
	Debtor 2 only	☐ Unliquidated		
	☐ Debtor 1 and Debtor 2 only	☐ Disputed		
	\square At least one of the debtors and another	Type of NONPRIORITY unsecured	d claim:	
	☐ Check if this claim is for a community	Student loans		
	debt Is the claim subject to offset?		ration agreement or divorce that you did not	
	No	report as priority claims Debts to pension or profit-sharin	a plane, and other similar debts	
			g plans, and other similar debts	
	Yes	■ Other. Specify Medical		
4.7	CMRE FINANCIAL SERVICES Nonpriority Creditor's Name	Last 4 digits of account number	2379	\$526.00
	3075 E. IMPERIAL HWY #200 Brea, CA 92821	When was the debt incurred?	01/2017	
	Number Street City State Zlp Code	As of the date you file, the claim	s: Check all that apply	
	Who incurred the debt? Check one.			
	■ Debtor 1 only	☐ Contingent		
	☐ Debtor 2 only	☐ Unliquidated		
	Debtor 1 and Debtor 2 only	☐ Disputed		
	\square At least one of the debtors and another	Type of NONPRIORITY unsecured	d claim:	
	☐ Check if this claim is for a community	☐ Student loans		
	debt Is the claim subject to offset?	Obligations arising out of a separeport as priority claims	ration agreement or divorce that you did not	
	No	Debts to pension or profit-sharin	g plans, and other similar debts	
			g prairie, and other onlines dobte	
	Yes	Other. Specify Medical		

Debto	r 1 Shirley Adams		ase number (if known)	
4.8	Credit One Bank	Last 4 digits of account number	5653	\$250.00
	Nonpriority Creditor's Name PO Box 98872	When was the debt incurred?	08/2017	
	Las Vegas, NV 89193	_		
	Number Street City State Zlp Code Who incurred the debt? Check one.	As of the date you file, the claim is	: Спеск ан тпат арргу	
	Debtor 1 only	☐ Contingent		
	Debtor 2 only	☐ Unliquidated		
	Debtor 1 and Debtor 2 only	☐ Disputed		
	At least one of the debtors and another	Type of NONPRIORITY unsecured	claim:	
	☐ Check if this claim is for a community	☐ Student loans		
	debt Is the claim subject to offset?		ation agreement or divorce that you did not	
	<u> </u>	Debts to pension or profit-sharing	plane, and other similar debts	
	■ No		pians, and other similar debts	
	Yes	Other. Specify Credit Card		
4.9	Credit Protection Association Nonpriority Creditor's Name	Last 4 digits of account number	4243	\$315.00
	P.O. Box 802068	When was the debt incurred?	06/2018	
	Dallas, TX 75380 Number Street City State Zlp Code	As of the data way file the alaim is	- 01 - 1 - 11 - 1	
	Who incurred the debt? Check one.	As of the date you file, the claim is	: Cneck all that apply	
	Debtor 1 only	☐ Contingent		
	Debtor 2 only	☐ Unliquidated		
	Debtor 1 and Debtor 2 only	☐ Disputed		
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured	claim:	
	☐ Check if this claim is for a community	☐ Student loans		
	debt	Obligations arising out of a separa	ation agreement or divorce that you did not	
	Is the claim subject to offset?	report as priority claims	,	
	No	Debts to pension or profit-sharing	plans, and other similar debts	
	Yes	Other. Specify Communica	tion	
4.1				
0	Credit Systems Inc.	Last 4 digits of account number	8088	\$259.00
	Nonpriority Creditor's Name 1277 Country Club Lane Fort Worth, TX 76112	When was the debt incurred?	11/2016	
	Number Street City State Zlp Code	As of the date you file, the claim is	: Check all that apply	
	Who incurred the debt? Check one.			
	■ Debtor 1 only	☐ Contingent		
	Debtor 2 only	☐ Unliquidated		
	☐ Debtor 1 and Debtor 2 only	☐ Disputed		
	\square At least one of the debtors and another	Type of NONPRIORITY unsecured	claim:	
	☐ Check if this claim is for a community	Student loans		
	debt Is the claim subject to offset?	Obligations arising out of a separate report as priority claims	ation agreement or divorce that you did not	
	No	☐ Debts to pension or profit-sharing	plans, and other similar debts	
	☐ Yes	•	p.a and other official dobto	
	□ TeS	Other. Specify Medical		

Debto	r 1 Shirley Adams		Case number (if known)	
4.1	Credit Systems Inc.	Last 4 digits of account number	8079	\$175.00
1	Nonpriority Creditor's Name 1277 Country Club Lane Fort Worth, TX 76112	When was the debt incurred?	11/2016	Ψ110.00
	Number Street City State Zlp Code Who incurred the debt? Check one.	As of the date you file, the claim i	s: Check all that apply	
	■ Debtor 1 only	☐ Contingent		
	☐ Debtor 2 only	☐ Unliquidated		
	☐ Debtor 1 and Debtor 2 only	☐ Disputed		
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured	d claim:	
	☐ Check if this claim is for a community debt Is the claim subject to offset?	☐ Student loans ☐ Obligations arising out of a sepa report as priority claims	ration agreement or divorce that you did not	
	No	Debts to pension or profit-sharin	a plane, and other similar debts	
	■ No □ Yes	Other. Specify Medical	g plans, and other similar debts	
	□ res	Other. Specify		
4.1 2	Credit Systems Inc. Nonpriority Creditor's Name	Last 4 digits of account number	8084	\$175.00
	1277 Country Club Lane Fort Worth, TX 76112	When was the debt incurred?	11/2016	
	Number Street City State ZIp Code	As of the date you file, the claim i	s: Check all that apply	
	Who incurred the debt? Check one.			
	Debtor 1 only	☐ Contingent		
	Debtor 2 only	☐ Unliquidated		
	Debtor 1 and Debtor 2 only	☐ Disputed Type of NONPRIORITY unsecured	1 claim:	
	At least one of the debtors and another	Student loans	a Giaiiii.	
	☐ Check if this claim is for a community debt Is the claim subject to offset?	_	ration agreement or divorce that you did not	
	■ No	Debts to pension or profit-sharin	g plans, and other similar debts	
	Yes	Other. Specify Medical		
4.1	Credit Systems Inc.	Last 4 digits of account number	8093	\$175.00
	Nonpriority Creditor's Name 1277 Country Club Lane Fort Worth, TX 76112	When was the debt incurred?	11/2016	
	Number Street City State Zlp Code Who incurred the debt? Check one.	As of the date you file, the claim i	s: Check all that apply	
	■ Debtor 1 only	☐ Contingent		
	Debtor 2 only	☐ Unliquidated		
	☐ Debtor 1 and Debtor 2 only	☐ Disputed		
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured	d claim:	
	☐ Check if this claim is for a community	☐ Student loans		
	debt Is the claim subject to offset?	Obligations arising out of a separeport as priority claims	ration agreement or divorce that you did not	
	No	\square Debts to pension or profit-sharin	g plans, and other similar debts	
	Yes	Other. Specify Medical		

Debte	Shirley Adams		Case number (if known)	
.1	Credit Systems Inc.	Last 4 digits of account number	8081	\$175.00
	Nonpriority Creditor's Name 1277 Country Club Lane Fort Worth, TX 76112	When was the debt incurred?	11/2016	ψ170.00
	Number Street City State Zlp Code Who incurred the debt? Check one.	As of the date you file, the claim	s: Check all that apply	
	Debtor 1 only	☐ Contingent		
	☐ Debtor 2 only	☐ Unliquidated		
	☐ Debtor 1 and Debtor 2 only	☐ Disputed		
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured	d claim:	
	\square Check if this claim is for a community debt	☐ Student loans☐ Obligations arising out of a sepa	ration agreement or divorce that you did not	
	Is the claim subject to offset?	report as priority claims		
	■ No	Debts to pension or profit-sharing	g plans, and other similar debts	
	Yes	Other. Specify Medical		
.1	Credit Systems Inc. Nonpriority Creditor's Name	Last 4 digits of account number	8078	\$175.00
	1277 Country Club Lane Fort Worth, TX 76112	When was the debt incurred?	11/2016	
	Number Street City State ZIp Code	As of the date you file, the claim	s: Check all that apply	
	Who incurred the debt? Check one.			
	Debtor 1 only	☐ Contingent		
	Debtor 2 only	☐ Unliquidated		
	Debtor 1 and Debtor 2 only	☐ Disputed		
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured	d claim:	
	☐ Check if this claim is for a community debt	Student loans		
	Is the claim subject to offset?	Obligations arising out of a sepa report as priority claims	ration agreement or divorce that you did not	
	■ No	Debts to pension or profit-sharin	g plans, and other similar debts	
	Yes	■ Other. Specify Medical		
1	Credit Systems Inc.	Last 4 digits of account number	8083	\$175.00
	Nonpriority Creditor's Name 1277 Country Club Lane	When was the debt incurred?	11/2016	<u> </u>
	Fort Worth, TX 76112 Number Street City State Zlp Code Who incurred the debt? Check one.	As of the date you file, the claim	s: Check all that apply	
	■ Debtor 1 only	☐ Contingent		
	☐ Debtor 2 only	☐ Unliquidated		
	Debtor 1 and Debtor 2 only	Disputed		
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured	d claim:	
	☐ Check if this claim is for a community	☐ Student loans		
	debt Is the claim subject to offset?	☐ Obligations arising out of a separeport as priority claims	ration agreement or divorce that you did not	
	■ No	Debts to pension or profit-sharing	g plans, and other similar debts	
	☐ Yes	Other. Specify Medical		

Shirley Adams		Case number (if known)	
Credit Systems Inc.	Last 4 digits of account number	8085	\$96
Nonpriority Creditor's Name 1277 Country Club Lane Fort Worth, TX 76112	When was the debt incurred?	11/2016	
Number Street City State Zlp Code Who incurred the debt? Check one.	As of the date you file, the claim i	s: Check all that apply	
■ Debtor 1 only	☐ Contingent		
Debtor 2 only	☐ Unliquidated		
☐ Debtor 1 and Debtor 2 only	□ Disputed		
☐ At least one of the debtors and another	Type of NONPRIORITY unsecured	d claim:	
☐ Check if this claim is for a community	☐ Student loans		
debt Is the claim subject to offset?	Obligations arising out of a sepa report as priority claims	ration agreement or divorce that you did not	
■ No	☐ Debts to pension or profit-sharin	g plans, and other similar debts	
Yes	Other. Specify Medical		
Credit Systems International	Last 4 digits of account number	8080	\$46
Nonpriority Creditor's Name	_		•
PO Box 1088 Arlington, TX 76004	When was the debt incurred?	11/2016	
Number Street City State ZIp Code	As of the date you file, the claim i	s: Check all that apply	
Who incurred the debt? Check one.			
Debtor 1 only	☐ Contingent		
Debtor 2 only	☐ Unliquidated		
Debtor 1 and Debtor 2 only	☐ Disputed		
\square At least one of the debtors and another	Type of NONPRIORITY unsecured	d claim:	
☐ Check if this claim is for a community	☐ Student loans		
debt		ration agreement or divorce that you did not	
Is the claim subject to offset?	report as priority claims		
No	Debts to pension or profit-sharin	g plans, and other similar debts	
Yes	Other. Specify Medical		
Credit Systems International, Inc.	Last 4 digits of account number	8089	\$25
Nonpriority Creditor's Name 1277 Country Club Lane	When was the debt incurred?	11/2016	
Fort Worth, TX 76112 Number Street City State Zlp Code	As of the date you file, the claim i	s: Check all that apply	
Who incurred the debt? Check one.	,	or onest an unat appri	
■ Debtor 1 only	☐ Contingent		
Debtor 2 only	☐ Unliquidated		
Debtor 1 and Debtor 2 only	☐ Disputed		
☐ At least one of the debtors and another	Type of NONPRIORITY unsecured	d claim:	
☐ Check if this claim is for a community	☐ Student loans		
debt	☐ Obligations arising out of a sepa	ration agreement or divorce that you did not	
Is the claim subject to offset?	report as priority claims	5 , , 	
■ No	Debts to pension or profit-sharing	g plans, and other similar debts	
☐ Yes	Other. Specify Medical		

otor 1 Shirley Adams	Case number (if known)		
Enhanced Recovery Collections	Last 4 digits of account number	0630	\$73.00
Nonpriority Creditor's Name 10550 Deerwood Park Jacksonville, FL 32256	When was the debt incurred?	01/2017	ψ10.00
Number Street City State Zlp Code Who incurred the debt? Check one.	As of the date you file, the claim is	: Check all that apply	
Debtor 1 only	☐ Contingent		
☐ Debtor 2 only	☐ Unliquidated		
☐ Debtor 1 and Debtor 2 only	☐ Disputed		
\square At least one of the debtors and another	Type of NONPRIORITY unsecured	claim:	
☐ Check if this claim is for a community debt	☐ Student loans	ation agreement or diverse that you did not	
Is the claim subject to offset?	report as priority claims	ation agreement or divorce that you did not	
■ No	Debts to pension or profit-sharing	plans, and other similar debts	
Yes	Other. Specify Communica	tions	
Enterprise Rent-A-Car	Last 4 digits of account number	8313	\$595.00
Nonpriority Creditor's Name 4205 W. Plano Parkway, Suite B Plano, TX 75075	When was the debt incurred?	12/2016	
Number Street City State Zlp Code Who incurred the debt? Check one.	As of the date you file, the claim is	: Check all that apply	
Debtor 1 only	Пол		
Debtor 2 only	☐ Contingent ☐ Unliquidated		
Debtor 1 and Debtor 2 only	Disputed		
☐ At least one of the debtors and another	Type of NONPRIORITY unsecured	claim:	
☐ Check if this claim is for a community	☐ Student loans		
debt		ation agreement or divorce that you did not	
Is the claim subject to offset?	report as priority claims		
No	Debts to pension or profit-sharing		
Yes	Other. Specify Car rental fe	ees	
Fair Collections & Out	Last 4 digits of account number	9541	\$5,101.00
Nonpriority Creditor's Name 6931 Arlington Rd., Suite 40 Bethesda, MD 20814	When was the debt incurred?	04/2018	
Number Street City State Zlp Code Who incurred the debt? Check one.	As of the date you file, the claim is	: Check all that apply	
■ Debtor 1 only	☐ Contingent		
Debtor 2 only	☐ Unliquidated		
☐ Debtor 1 and Debtor 2 only	☐ Disputed		
☐ At least one of the debtors and another	Type of NONPRIORITY unsecured	claim:	
☐ Check if this claim is for a community	☐ Student loans		
debt Is the claim subject to offset?	☐ Obligations arising out of a separareport as priority claims	ation agreement or divorce that you did not	
■ No	Debts to pension or profit-sharing	plans, and other similar debts	
Yes	Other. Specify Apartment L	.ease	

1 Shirley Adams	Case number (if known)		
Fair Collections & Out	Last 4 digits of account number	9540	\$750.
Nonpriority Creditor's Name 6931 Arlington Rd., Suite 40	When was the debt incurred?	04/2018	*****
Bethesda, MD 20814 Number Street City State Zlp Code	As of the date you file, the claim	is: Check all that apply	
Who incurred the debt? Check one.	, ,	or onoun and appry	
■ Debtor 1 only	☐ Contingent		
Debtor 2 only	☐ Unliquidated		
☐ Debtor 1 and Debtor 2 only	☐ Disputed		
☐ At least one of the debtors and another	Type of NONPRIORITY unsecure	d claim:	
☐ Check if this claim is for a community	☐ Student loans		
debt Is the claim subject to offset?	Obligations arising out of a separeport as priority claims	ration agreement or divorce that you did not	
■ No	Debts to pension or profit-sharing	g plans, and other similar debts	
Yes	Other. Specify Apartment	Lease	
Kay Jewelers	Last 4 digits of account number		\$550
Nonpriority Creditor's Name			****
3471 E. Colonial Drive Suite G-11 Orlando, FL 32803	When was the debt incurred?	01/2017	
Number Street City State ZIp Code	As of the date you file, the claim	s: Check all that apply	
Who incurred the debt? Check one.	_		
Debtor 1 only	Contingent		
Debtor 2 only	Unliquidated		
Debtor 1 and Debtor 2 only	☐ Disputed	Labelia	
At least one of the debtors and another	Type of NONPRIORITY unsecured ☐ Student loans	a claim:	
☐ Check if this claim is for a community debt	_	ration agreement or divorce that you did not	
Is the claim subject to offset?	report as priority claims	iration agreement or divorce that you did not	
■ No	Debts to pension or profit-sharing	g plans, and other similar debts	
Yes	Other. Specify Jewlery		
Lifetime Fitness	Last 4 digits of account number		\$300
Nonpriority Creditor's Name 7100 Preston Rd. Plano, TX 75024	When was the debt incurred?	07/2017	
Number Street City State Zlp Code	As of the date you file, the claim	s: Check all that apply	
Who incurred the debt? Check one.			
■ Debtor 1 only	☐ Contingent		
☐ Debtor 2 only	☐ Unliquidated		
☐ Debtor 1 and Debtor 2 only	☐ Disputed		
lacksquare At least one of the debtors and another	Type of NONPRIORITY unsecure	d claim:	
☐ Check if this claim is for a community	Student loans		
debt		ration agreement or divorce that you did not	
Is the claim subject to offset?	report as priority claims Debts to pension or profit-sharir	a plane, and other similar debte	
■ No		- ·	
Yes	Other. Specify Membershi	p rees	

1 Shirley Adams	Case	number (if known)	
Paramount Recovery Systems	Last 4 digits of account number 833	4	\$715
Nonpriority Creditor's Name	Last 4 digits of account number		Ψ710
PO Box 788	When was the debt incurred? 01/2	2016	
Lorena, TX 76655-0788			
Number Street City State Zlp Code	As of the date you file, the claim is: Che	ck all that apply	
Who incurred the debt? Check one.	_		
Debtor 1 only	☐ Contingent		
Debtor 2 only	☐ Unliquidated		
☐ Debtor 1 and Debtor 2 only	☐ Disputed		
☐ At least one of the debtors and another	Type of NONPRIORITY unsecured claim	:	
☐ Check if this claim is for a community	☐ Student loans		
debt	Obligations arising out of a separation a	agreement or divorce that you did not	
Is the claim subject to offset?	report as priority claims		
No	☐ Debts to pension or profit-sharing plans	s, and other similar debts	
Yes	Other. Specify Medical		
Pioneer Capital Solutions, Inc.	Last 4 digits of account number 368	0	\$300
Nonpriority Creditor's Name			
P.O. Box 719	When was the debt incurred? 02/2	2018	
Anoka, MN 55303	_		
Number Street City State ZIp Code	As of the date you file, the claim is: Che	ck all that apply	
Who incurred the debt? Check one.	_		
■ Debtor 1 only	☐ Contingent		
☐ Debtor 2 only	☐ Unliquidated		
☐ Debtor 1 and Debtor 2 only	☐ Disputed		
☐ At least one of the debtors and another	Type of NONPRIORITY unsecured claim	:	
☐ Check if this claim is for a community	☐ Student loans		
debt	Obligations arising out of a separation a	agreement or divorce that you did not	
Is the claim subject to offset?	report as priority claims		
■ No	☐ Debts to pension or profit-sharing plans	s, and other similar debts	
Yes	Other. Specify Medical		
Richard Glass	Last 4 digits of account number		\$9,600
Nonpriority Creditor's Name			
1617 Baffin Bay	When was the debt incurred? 04/2	2016	
Plano, TX 75075			
Number Street City State ZIp Code	As of the date you file, the claim is: Che	ck all that apply	
Who incurred the debt? Check one.			
Debtor 1 only	Contingent		
☐ Debtor 2 only	Unliquidated		
☐ Debtor 1 and Debtor 2 only	Disputed		
☐ At least one of the debtors and another	Type of NONPRIORITY unsecured claim	:	
☐ Check if this claim is for a community	☐ Student loans		
debt Is the claim subject to offset?	☐ Obligations arising out of a separation a report as priority claims	agreement or divorce that you did not	
No	☐ Debts to pension or profit-sharing plans	s, and other similar debts	
	Civil Case No. 3	1-SC-18-00128; JP Court, llin County, Texas; Trial	
☐ Yes		4/2019; Negligence Claim	

Shirley Adams	Case number (if known)		
Spectrum	Last 4 digits of account number	\$500.00	
Nonpriority Creditor's Name 700 Alma Drive #101-103 Plano, TX 75075	When was the debt incurred? 10/2017	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
Number Street City State Zlp Code Who incurred the debt? Check one.	As of the date you file, the claim is: Check all that apply		
■ Debtor 1 only	☐ Contingent		
Debtor 2 only	☐ Unliquidated		
Debtor 1 and Debtor 2 only	☐ Disputed		
☐ At least one of the debtors and another	Type of NONPRIORITY unsecured claim:		
☐ Check if this claim is for a community	☐ Student loans		
debt Is the claim subject to offset?	Obligations arising out of a separation agreement or divorce that you did not report as priority claims		
No	\square Debts to pension or profit-sharing plans, and other similar debts		
Yes	■ Other. Specify Cable TV		
Sprint	Last 4 digits of account number	\$2,187.00	
P.O. Box 660075	When was the debt incurred? 02/2018	·	
Dallas, TX 75266-0075 Jumber Street City State Zlp Code	As of the date you file, the claim is: Check all that apply		
Who incurred the debt? Check one.	The same of the sa		
Debtor 1 only	☐ Contingent		
Debtor 2 only	☐ Unliquidated		
Debtor 1 and Debtor 2 only	☐ Disputed		
At least one of the debtors and another	Type of NONPRIORITY unsecured claim:		
☐ Check if this claim is for a community	☐ Student loans		
debt s the claim subject to offset?	☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims		
No	☐ Debts to pension or profit-sharing plans, and other similar debts		
Yes	Other. Specify Mobile phones		
Summit Account Resolution	Last 4 digits of account number 3131	\$400.00	
Nonpriority Creditor's Name		,	
P.O. Box 131	When was the debt incurred? 06/2013		
Champlin, MN 55316 Number Street City State Zlp Code	As of the date you file, the claim is: Check all that apply		
Who incurred the debt? Check one.			
Debtor 1 only	☐ Contingent		
Debtor 2 only	☐ Unliquidated		
□ Debtor 1 and Debtor 2 only	☐ Disputed		
☐ At least one of the debtors and another	Type of NONPRIORITY unsecured claim:		
☐ Check if this claim is for a community	☐ Student loans		
debt	Obligations arising out of a separation agreement or divorce that you did not		
Is the claim subject to offset?	report as priority claims		
No	Debts to pension or profit-sharing plans, and other similar debts		
☐ Yes	Other. Specify Medical		

Debt	or 1 Shirley Adams		Case number (if known)	
4.3 2	Synerprise Consulting	Last 4 digits of account number	6909	\$3,570.00
_	Nonpriority Creditor's Name 2809 Regal Rd., Suite 107 Plano, TX 75075	When was the debt incurred?	10/2017	
	Number Street City State Zlp Code Who incurred the debt? Check one.	As of the date you file, the claim	s: Check all that apply	
	Debtor 1 only	☐ Contingent		
	☐ Debtor 2 only	☐ Unliquidated		
	☐ Debtor 1 and Debtor 2 only	□ Disputed		
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured	l claim:	
	☐ Check if this claim is for a community	☐ Student loans		
	debt Is the claim subject to offset?	Obligations arising out of a separeport as priority claims	ration agreement or divorce that you did not	
	■ No	Debts to pension or profit-sharing	g plans, and other similar debts	
	Yes	Other. Specify Medical		
4.3	Trident Asset Management	Last 4 digits of account number	9540	\$403.00
	Nonpriority Creditor's Name 5755 Northpoint Parkway	When was the debt incurred?	03/2015	
	Alpharetta, GA 30022 Number Street City State Zlp Code Who incurred the debt? Check one.	As of the date you file, the claim	s: Check all that apply	
	Debtor 1 only	☐ Contingent		
	☐ Debtor 2 only	☐ Unliquidated		
	☐ Debtor 1 and Debtor 2 only	☐ Disputed		
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured	l claim:	
	☐ Check if this claim is for a community	☐ Student loans		
	debt Is the claim subject to offset?	Obligations arising out of a separeport as priority claims	ration agreement or divorce that you did not	
	■ No	Debts to pension or profit-sharing	g plans, and other similar debts	
	Yes	Other. Specify Medical		
4.3 4	United Revenue Corp.	Last 4 digits of account number	1019	\$1,254.00
	Nonpriority Creditor's Name 204 Billings Suite 120	When was the debt incurred?	09/2017	
	Arlington, TX 76010 Number Street City State Zlp Code	— As of the data was file the alaims	a. Oh ash all that are h	
	Who incurred the debt? Check one.	As of the date you file, the claim	s: Спеск ан that арру	
	■ Debtor 1 only	☐ Contingent		
	☐ Debtor 2 only	☐ Unliquidated		
	Debtor 1 and Debtor 2 only	☐ Disputed		
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured	l claim:	
	☐ Check if this claim is for a community	☐ Student loans		
	debt Is the claim subject to offset?	☐ Obligations arising out of a separeport as priority claims	ration agreement or divorce that you did not	
	■ No	Debts to pension or profit-sharing	g plans, and other similar debts	
	☐ Yes	Other. Specify Medical		

Debtor 1 Shirley Adams		Case number (if known)		
4.3 5	United Revenue Corp.	Last 4 digits of account number0	356	\$1,254.00
	Nonpriority Creditor's Name 204 Billings Suite 120	When was the debt incurred? 1	2/2016	
	Arlington, TX 76010 Number Street City State Zlp Code Who incurred the debt? Check one.	As of the date you file, the claim is: C	Check all that apply	
	Debtor 1 only	☐ Contingent		
	Debtor 2 only	☐ Unliquidated		
	☐ Debtor 1 and Debtor 2 only	☐ Disputed		
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured cla	aim:	
	\square Check if this claim is for a community	☐ Student loans		
	debt Is the claim subject to offset?	report as priority claims	on agreement or divorce that you did not	
	■ No	Debts to pension or profit-sharing pl	ans, and other similar debts	
	Yes	Other. Specify Medical		
4.3 6	United Revenue Corp. Nonpriority Creditor's Name	Last 4 digits of account number 4	958	\$1,100.00
	204 Billings	When was the debt incurred? 0	7/2016	
	Suite 120			
	Arlington, TX 76010 Number Street City State Zlp Code	As of the date you file the claim is: (Shook all that apply	
	Who incurred the debt? Check one.	As of the date you file, the claim is: (леск ан тат арру	
	■ Debtor 1 only	☐ Contingent		
	Debtor 2 only	☐ Unliquidated		
	☐ Debtor 1 and Debtor 2 only	☐ Disputed		
	·	Type of NONPRIORITY unsecured cla	aim:	
	☐ At least one of the debtors and another	☐ Student loans	•••••	
	☐ Check if this claim is for a community debt		on agreement or divorce that you did not	
	Is the claim subject to offset?	report as priority claims	or agreement of avoice that you do not	
	No	☐ Debts to pension or profit-sharing pla	ans, and other similar debts	
	Yes	Other. Specify Medical		
4.3 7	United Revenue Corp.	Last 4 digits of account number 6	795	\$1,100.00
<i>'</i>	Nonpriority Creditor's Name			· ,
	204 Billings	When was the debt incurred?	1/2016	
	Suite 120 Arlington, TX 76010			
	Number Street City State Zlp Code	As of the date you file, the claim is: 0	Check all that apply	
	Who incurred the debt? Check one.	•		
	Debtor 1 only	☐ Contingent		
	Debtor 2 only	☐ Unliquidated		
	Debtor 1 and Debtor 2 only	☐ Disputed		
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured cla	aim:	
	☐ Check if this claim is for a community	☐ Student loans		
	debt Is the claim subject to offset?	☐ Obligations arising out of a separation report as priority claims	on agreement or divorce that you did not	
	■ No	☐ Debts to pension or profit-sharing pl	ans, and other similar debts	
	Yes	■ Other. Specify Medical		
		• • • — — — — — — — — — — — — — — — — —		

Debt	or 1 Shirley Adams	Case number (if known)	
4.3 8	United Revenue Corp.	Last 4 digits of account number 5457	\$1,100.00
	Nonpriority Creditor's Name 204 Billings Suite 120	When was the debt incurred? 10/2015	
	Arlington, TX 76010 Number Street City State Zlp Code Who incurred the debt? Check one.	As of the date you file, the claim is: Check all that apply	
	Debtor 1 only	☐ Contingent	
	☐ Debtor 2 only	☐ Unliquidated	
	☐ Debtor 1 and Debtor 2 only	☐ Disputed	
	At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
	Check if this claim is for a community	Student loans	
	debt Is the claim subject to offset?	☐ Obligations arising out of a separation agreement or divorce that you did report as priority claims	d not
	■ No	☐ Debts to pension or profit-sharing plans, and other similar debts	
	□ Yes	■ Other. Specify Medical	
4.3 9	United Revenue Corp Nonpriority Creditor's Name	Last 4 digits of account number 5591	\$1,391.00
	204 Billings Street Suite 120	When was the debt incurred? 02/2018	
	Arlington, TX 76010 Number Street City State Zlp Code Who incurred the debt? Check one.	As of the date you file, the claim is: Check all that apply	
	Debtor 1 only	☐ Contingent	
	Debtor 2 only	☐ Unliquidated	
	☐ Debtor 1 and Debtor 2 only	☐ Disputed	
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
	☐ Check if this claim is for a community	☐ Student loans	
	debt Is the claim subject to offset?	Obligations arising out of a separation agreement or divorce that you did report as priority claims	d not
	No	Debts to pension or profit-sharing plans, and other similar debts	
	☐ Yes		
	☐ Yes	■ Other. Specify Medical	
4.4 0	United Revenue Corp	Last 4 digits of account number 7657	\$1,254.00
	Nonpriority Creditor's Name 204 Billings Street Suite 120	When was the debt incurred? 11/2016	
	Arlington, TX 76010 Number Street City State Zlp Code Who incurred the debt? Check one.	As of the date you file, the claim is: Check all that apply	
	■ Debtor 1 only	☐ Contingent	
	Debtor 2 only	☐ Unliquidated	
	Debtor 1 and Debtor 2 only	☐ Disputed	
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
	☐ Check if this claim is for a community	☐ Student loans	
	debt Is the claim subject to offset?	$\hfill \Box$ Obligations arising out of a separation agreement or divorce that you divergent as priority claims	d not
	■ No	\square Debts to pension or profit-sharing plans, and other similar debts	
	Yes	■ Other. Specify Medical	

Debtor	1 Shirley Adams		Case number (if known)	
4.4	United Revenue Corp	Last 4 digits of account number	8616	\$1,100.00
	Nonpriority Creditor's Name 204 Billings St., Suite 120	When was the debt incurred?	10/2016	-
	Arlington, TX 76010 Number Street City State Zlp Code	As of the date you file, the claim	s: Check all that apply	
	Who incurred the debt? Check one.			
	Debtor 1 only	☐ Contingent		
	☐ Debtor 2 only	☐ Unliquidated		
	☐ Debtor 1 and Debtor 2 only	☐ Disputed		
	\square At least one of the debtors and another	Type of NONPRIORITY unsecured	d claim:	
	☐ Check if this claim is for a community	☐ Student loans		
	debt Is the claim subject to offset?	☐ Obligations arising out of a separeport as priority claims	ration agreement or divorce that you did not	
	■ No	Debts to pension or profit-sharing	g plans, and other similar debts	
	Yes	Other. Specify Medical		-
4.4			4054	4
2	Wells Fargo Bank Nonpriority Creditor's Name	Last 4 digits of account number	1054	\$786.00
	1421 N. Central Expressway Plano. TX 75075	When was the debt incurred?	11/2015	-
	Number Street City State Zlp Code Who incurred the debt? Check one.	As of the date you file, the claim i	s: Check all that apply	
	■ Debtor 1 only	☐ Contingent		
	Debtor 2 only	☐ Unliquidated		
	Debtor 1 and Debtor 2 only	☐ Disputed		
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured	d claim:	
		☐ Student loans		
	☐ Check if this claim is for a community debt Is the claim subject to offset?	_	ration agreement or divorce that you did not	
	■ No	☐ Debts to pension or profit-sharin	g plans, and other similar debts	
	☐ Yes	■ Other. Specify Overdraft for		
				-
Part 3:		•		1. 7
is tryi have i	nis page only if you have others to be notified ng to collect from you for a debt you owe to s more than one creditor for any of the debts the ed for any debts in Parts 1 or 2, do not fill out	someone else, list the original creditor in nat you listed in Parts 1 or 2, list the addi	Parts 1 or 2, then list the collection agency	y here. Similarly, if you
	nd Address	On which entry in Part 1 or Part 2 did you	list the original creditor?	
	hire Lauderdale by the Sea	Line <u>4.22</u> of (<i>Check one</i>):	Part 1: Creditors with Priority Unsecured Clai	ims
	NE 75th St., auderdale, FL 33308		Part 2: Creditors with Nonpriority Unsecured	Claims
FOIL L	adderdale, FL 33300	Last 4 digits of account number		
	nd Address	On which entry in Part 1 or Part 2 did you		
	er Communications Powerscourt Drive		Part 1: Creditors with Priority Unsecured Clai	
	Louis, MO 63131	-	Part 2: Creditors with Nonpriority Unsecured	Claims
	, , , , , , , , , , , , , , , , , , , ,	Last 4 digits of account number	0630	
	nd Address	On which entry in Part 1 or Part 2 did you		
	nced Recovery Company, LLC	_	Part 1: Creditors with Priority Unsecured Clai	
	Box 23870 onville, FL 32241-3870	•	Part 2: Creditors with Nonpriority Unsecured	Claims
Juona	5	Last 4 digits of account number	0630	
Name a	nd Address	On which entry in Part 1 or Part 2 did you	list the original creditor?	
	er Communications	Line 4.9 of (Check one):	Part 1: Creditors with Priority Unsecured Clai	ims
	Box 740407 nnati, OH 45274-0407		Part 2: Creditors with Nonpriority Unsecured	Claims

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Deptor 1 Shirley Adams		Case number (if known)
	Last 4 digits of account number	4243
Name and Address G C Services 6330 Gulfton P.O. Box 2667 Houston, TX 77081	On which entry in Part 1 or Part 2 did the state of the s	you list the original creditor? ☐ Part 1: Creditors with Priority Unsecured Claims ☐ Part 2: Creditors with Nonpriority Unsecured Claims
	Last 4 digits of account number	
Name and Address Medical Payment Data 645 Walnut St. Ste 5 Gadsden, AL 35901	On which entry in Part 1 or Part 2 did y Line 4.32 of (Check one): Last 4 digits of account number	you list the original creditor? Part 1: Creditors with Priority Unsecured Claims Part 2: Creditors with Nonpriority Unsecured Claims
Name and Address Medical Payment Data 645 Walnut St. Ste 5 Gadsden, AL 35901	On which entry in Part 1 or Part 2 did to Line 4.39 of (Check one): Last 4 digits of account number	you list the original creditor? □ Part 1: Creditors with Priority Unsecured Claims ■ Part 2: Creditors with Nonpriority Unsecured Claims 5591
Name and Address Medical Payment Data 645 Walnut St. Ste 5 Gadsden, AL 35901	On which entry in Part 1 or Part 2 did y Line 4.34 of (Check one):	☐ Part 1: Creditors with Priority Unsecured Claims ☐ Part 2: Creditors with Nonpriority Unsecured Claims
	Last 4 digits of account number	1019
Name and Address Medical Payment Data 645 Walnut St. Ste 5 Gadsden, AL 35901	On which entry in Part 1 or Part 2 did the Line 4.40 of (Check one):	you list the original creditor? ☐ Part 1: Creditors with Priority Unsecured Claims ☐ Part 2: Creditors with Nonpriority Unsecured Claims
Gaustell, AL 33301	Last 4 digits of account number	7657
Name and Address Medical Payment Data 645 Walnut St. Ste 5 Gadsden, AL 35901	On which entry in Part 1 or Part 2 did the 4.35 of (Check one):	☐ Part 1: Creditors with Priority Unsecured Claims ☐ Part 2: Creditors with Nonpriority Unsecured Claims
	Last 4 digits of account number	0356
Name and Address Medical Payment Data 645 Walnut St. Ste 5 Gadsden, AL 35901	On which entry in Part 1 or Part 2 did y Line 4.36 of (Check one): Last 4 digits of account number	you list the original creditor? □ Part 1: Creditors with Priority Unsecured Claims ■ Part 2: Creditors with Nonpriority Unsecured Claims 4958
	Last 4 digits of account number	4936
Name and Address Medical Payment Data 645 Walnut St. Ste 5 Gadsden, AL 35901	On which entry in Part 1 or Part 2 did y Line 4.37 of (Check one):	you list the original creditor? Part 1: Creditors with Priority Unsecured Claims Part 2: Creditors with Nonpriority Unsecured Claims
dadsuell, AL 33301	Last 4 digits of account number	6795
Name and Address Medical Payment Data 645 Walnut St. Ste 5 Gadsden, AL 35901	On which entry in Part 1 or Part 2 did the Line 4.38 of (Check one):	you list the original creditor? □ Part 1: Creditors with Priority Unsecured Claims □ Part 2: Creditors with Nonpriority Unsecured Claims
	Last 4 digits of account number	5457
Name and Address Medical Payment Data 645 Walnut St. Ste 5 Gadsden, AL 35901	On which entry in Part 1 or Part 2 did y Line 4.41 of (Check one): Last 4 digits of account number	you list the original creditor? □ Part 1: Creditors with Priority Unsecured Claims ■ Part 2: Creditors with Nonpriority Unsecured Claims 8616
	Last 7 digits of account number	0010
Name and Address Medical Payment Data 645 Walnut St. Ste 5 Gadsden, AL 35901	On which entry in Part 1 or Part 2 did the Line 4.26 of (Check one):	☐ Part 1: Creditors with Priority Unsecured Claims ☐ Part 2: Creditors with Nonpriority Unsecured Claims
	Last 4 digits of account number	8334

Debtor 1 Shirley Adams	Case number (if known)
Name and Address Medical Payment Data 645 Walnut St. Ste 5	On which entry in Part 1 or Part 2 did you list the original creditor? Line 4.2 of (Check one): Part 1: Creditors with Priority Unsecured Claims Part 2: Creditors with Nonpriority Unsecured Claims
Gadsden, AL 35901	Last 4 digits of account number 8864
Name and Address Medical Payment Data 645 Walnut St. Ste 5 Gadsden, AL 35901	On which entry in Part 1 or Part 2 did you list the original creditor? Line 4.3 of (Check one):
Name and Address Medical Payment Data 645 Walnut St. Ste 5	On which entry in Part 1 or Part 2 did you list the original creditor? Line 4.4 of (Check one): Part 1: Creditors with Priority Unsecured Claims Part 2: Creditors with Nonpriority Unsecured Claims
Gadsden, AL 35901	Last 4 digits of account number 4277
Name and Address Medical Payment Data 645 Walnut St. Ste 5 Gadsden, AL 35901	On which entry in Part 1 or Part 2 did you list the original creditor? Line 4.5 of (Check one):
Name and Address Medical Payment Data 645 Walnut St. Ste 5 Gadsden, AL 35901	On which entry in Part 1 or Part 2 did you list the original creditor? Line 4.6 of (Check one):
Name and Address Medical Payment Data 645 Walnut St. Ste 5 Gadsden, AL 35901	On which entry in Part 1 or Part 2 did you list the original creditor? Line 4.7 of (Check one): Part 1: Creditors with Priority Unsecured Claims Part 2: Creditors with Nonpriority Unsecured Claims Last 4 digits of account number 2379
Name and Address Medical Payment Data 645 Walnut St. Ste 5 Gadsden, AL 35901	On which entry in Part 1 or Part 2 did you list the original creditor? Line 4.18 of (Check one): Part 1: Creditors with Priority Unsecured Claims Part 2: Creditors with Nonpriority Unsecured Claims Last 4 digits of account number 8080
Name and Address Medical Payment Data 645 Walnut St. Ste 5 Gadsden, AL 35901	On which entry in Part 1 or Part 2 did you list the original creditor? Line 4.27 of (Check one): Part 1: Creditors with Priority Unsecured Claims Part 2: Creditors with Nonpriority Unsecured Claims Last 4 digits of account number 3680
Name and Address Medical Payment Data 645 Walnut St. Ste 5 Gadsden, AL 35901	On which entry in Part 1 or Part 2 did you list the original creditor? Line 4.10 of (Check one):
Name and Address Medical Payment Data 645 Walnut St. Ste 5 Gadsden, AL 35901	On which entry in Part 1 or Part 2 did you list the original creditor? Line 4.19 of (Check one): Part 1: Creditors with Priority Unsecured Claims Part 2: Creditors with Nonpriority Unsecured Claims Last 4 digits of account number 8089
Name and Address Medical Payment Data 645 Walnut St. Ste 5 Gadsden, AL 35901	On which entry in Part 1 or Part 2 did you list the original creditor? Line 4.11 of (Check one):
Name and Address	On which entry in Part 1 or Part 2 did you list the original creditor?

Official Form 106 E/F

Debtor 1 Shirley Adams		Case number (if known)
Medical Payment Data 645 Walnut St. Ste 5 Gadsden, AL 35901	Line 4.12 of (<i>Check one</i>):	☐ Part 1: Creditors with Priority Unsecured Claims ☐ Part 2: Creditors with Nonpriority Unsecured Claims
Caddan, AL 66661	Last 4 digits of account number	8084
Name and Address Medical Payment Data 645 Walnut St. Ste 5	On which entry in Part 1 or Part 2 did the Line 4.13 of (Check one):	☐ Part 1: Creditors with Priority Unsecured Claims
Gadsden, AL 35901		■ Part 2: Creditors with Nonpriority Unsecured Claims
	Last 4 digits of account number	8093
Name and Address Medical Payment Data 645 Walnut St. Ste 5	On which entry in Part 1 or Part 2 did the Line 4.14 of (Check one):	you list the original creditor? □ Part 1: Creditors with Priority Unsecured Claims ■ Part 2: Creditors with Nonpriority Unsecured Claims
Gadsden, AL 35901	Last 4 digits of account number	8081
Name and Address Medical Payment Data 645 Walnut St. Ste 5 Gadsden, AL 35901	On which entry in Part 1 or Part 2 did the Line 4.15 of (Check one):	☐ Part 1: Creditors with Priority Unsecured Claims ☐ Part 2: Creditors with Nonpriority Unsecured Claims
	Last 4 digits of account number	8078
Name and Address Medical Payment Data 645 Walnut St. Ste 5 Gadsden, AL 35901	On which entry in Part 1 or Part 2 did the Line 4.16 of (Check one):	you list the original creditor? Part 1: Creditors with Priority Unsecured Claims Part 2: Creditors with Nonpriority Unsecured Claims
	Last 4 digits of account number	8083
Name and Address Medical Payment Data 645 Walnut St. Ste 5 Gadsden, AL 35901	On which entry in Part 1 or Part 2 did the Line 4.17 of (Check one): Last 4 digits of account number	you list the original creditor? Part 1: Creditors with Priority Unsecured Claims Part 2: Creditors with Nonpriority Unsecured Claims 8085
Name and Address Transworld Systems P.O. Box 15520 Wilmington, DE 19850	On which entry in Part 1 or Part 2 did the 4.21 of (Check one): Last 4 digits of account number	you list the original creditor? □ Part 1: Creditors with Priority Unsecured Claims ■ Part 2: Creditors with Nonpriority Unsecured Claims 8313
Name and Address Wells Fargo P.O. Box 3696 Portland, OR 97208	On which entry in Part 1 or Part 2 did y Line 4.42 of (<i>Check one</i>): Last 4 digits of account number	

Part 4: Add the Amounts for Each Type of Unsecured Claim

6. Total the amounts of certain types of unsecured claims. This information is for statistical reporting purposes only. 28 U.S.C. §159. Add the amounts for each type of unsecured claim.

				Total Claim	
6a.	Domestic support obligations	6a.	\$	0.	00
6b.	Taxes and certain other debts you owe the government	6b.	\$	0.	00
6c.	Claims for death or personal injury while you were intoxicated	6c.	\$	0.	00
6d.	Other. Add all other priority unsecured claims. Write that amount here.	6d.	\$	0.	00
6e.	Total Priority. Add lines 6a through 6d.	6e.	\$	0.	00
				Total Claim	
6f.	Student loans	6f.	\$	0.	00
6g.	Obligations arising out of a separation agreement or divorce that you did not report as priority claims	6g.	\$	0.	00
	6b. 6c. 6d. 6e.	 6b. Taxes and certain other debts you owe the government 6c. Claims for death or personal injury while you were intoxicated 6d. Other. Add all other priority unsecured claims. Write that amount here. 6e. Total Priority. Add lines 6a through 6d. 6f. Student loans 6g. Obligations arising out of a separation agreement or divorce that 	6b. Taxes and certain other debts you owe the government 6c. Claims for death or personal injury while you were intoxicated 6d. Other. Add all other priority unsecured claims. Write that amount here. 6d. 6e. Total Priority. Add lines 6a through 6d. 6e. 6f. Student loans 6f. 6g. Obligations arising out of a separation agreement or divorce that	6b. Taxes and certain other debts you owe the government 6c. Claims for death or personal injury while you were intoxicated 6d. Other. Add all other priority unsecured claims. Write that amount here. 6d. \$ 6e. Total Priority. Add lines 6a through 6d. 6f. \$ 6g. Obligations arising out of a separation agreement or divorce that	6a. Domestic support obligations 6a. \$ 0.6 6b. Taxes and certain other debts you owe the government 6c. Claims for death or personal injury while you were intoxicated 6d. Other. Add all other priority unsecured claims. Write that amount here. 6d. \$ 0.6 6e. Total Priority. Add lines 6a through 6d. 6f. Student loans 6f. \$ 0.6 Total Claim 6g. Obligations arising out of a separation agreement or divorce that

Case number (if known)

6h. Debts to pension or profit-sharing plans, and other similar debts
6i. Other. Add all other nonpriority unsecured claims. Write that amount here.
6j. Total Nonpriority. Add lines 6f through 6i.
6h. \$
0.00
6i. \$
66,220.00

ll in this inform						
ebtor 1	Shirley Adams					
	First Name	Middle Name	Last Name			
ebtor 2						
pouse if, filing)	First Name	Middle Name	Last Name			
United States Bankruptcy Court for the:		EASTERN DISTRICT OF TEXAS				
ase number known)						Check if this is an amended filing
ase number	krupicy Court for the:	EASTERN DISTRICT O	IF TEARS		_	

Official Form 106G

Schedule G: Executory Contracts and Unexpired Leases

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the additional page, fill it out, number the entries, and attach it to this page. On the top of any additional pages, write your name and case number (if known).

- 1. Do you have any executory contracts or unexpired leases?
 - No. Check this box and file this form with the court with your other schedules. You have nothing else to report on this form.
 - ☐ Yes. Fill in all of the information below even if the contacts of leases are listed on Schedule A/B:Property (Official Form 106 A/B).
- List separately each person or company with whom you have the contract or lease. Then state what each contract or lease is for (for example, rent, vehicle lease, cell phone). See the instructions for this form in the instruction booklet for more examples of executory contracts and unexpired leases.

	Person or	company with	n whom you have the or, Street, City, State and ZIP C	contract or lease	State what the contract or lease is for		
2.1							
	Name				_		
	Name						
	Number	Street			_		
	City		State	ZIP Code	_		
2.2							
	Name				_		
	Name						
	Number	Street			_		
		0001					
	City		State	ZIP Code	_		
	City		State	ZIF Code			
2.3					_		
	Name						
	Number	Street			_		
	Number	Street					
					_		
	City		State	ZIP Code			
2.4							
	Name						
					_		
	Number	Street					
	City		State	ZIP Code	_		
2.5							
	Name				_		
	1401110						
	Number	Street					
	City		State	ZIP Code	_		
	,		21010	2240			

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					1
Fill in this info	ormation to identify your	case:			
Debtor 1	Shirley Adams				
	First Name	Middle Name	Last Name		
Debtor 2 Spouse if, filing)	First Name	Middle Name	Last Name		
-	D 1 1 0 16 11				
United States	Bankruptcy Court for the:	EASTERN DISTRICT O	F TEXAS		
Case number					
(if known)					☐ Check if this is an
					amended filing
Official E	orm 106H				
		-14			
Schedul	e H: Your Cod	ebtors			12/15
1. Do you	have any codebtors? (If	you are filing a joint case, o	do not list either spouse	e as a codebtor.	
■ No □ Yes					
Arizona, C	california, Idaho, Louisiana to line 3.	u lived in a community pr , Nevada, New Mexico, Pu use, or legal equivalent live	erto Rico, Texas, Wash		ty states and territories include)
in line 2 a Form 106 out Colun	gain as a codebtor only D), Schedule E/F (Officia nn 2. 2	if that person is a guaran I Form 106E/F), or Sched	tor or cosigner. Make	sure you have listed to 06G). Use Schedule D,	ng with you. List the person shown he creditor on Schedule D (Officia Schedule E/F, or Schedule G to fi editor to whom you owe the debt
Name	e, Number, Street, City, State and Z	IP Code		Check all schedul	es that apply:
3.1				☐ Schedule D, lir	ne
Name	e			☐ Schedule E/F,	
				☐ Schedule G, lir	
Num	ber Street			_	
City	Del Street	State	ZIP Code		
3.2				☐ Schedule D, lir	ne
Name	е			☐ Schedule E/F,	
				☐ Schedule G, lir	
Num	ber Street			_	
City	2.000	State	ZIP Code		

	in this information to identify your optor 1 Shirley Ada									
	otor 2				_					
	ted States Bankruptcy Court for the	e: EASTERN DISTRICT	OF TEXAS							
	se number nown)		-		_	□ A □ A		ed filing ent showin	g postpetition ollowing date:	chapter
0	fficial Form 106I					M	IM / DD/ `	YYYY		
S	chedule I: Your Inc	ome								12/15
spo atta	plying correct information. If you use. If you are separated and you ch a separate sheet to this form. t1: Describe Employment Fill in your employment	ur spouse is not filing wi On the top of any additi	ith you, do not inclu onal pages, write yo	de infor	natio	on about	your spumber (if	ouse. If mo known). A	ore space is nswer every	needed,
	information.		Debtor 1						ling spouse	
	If you have more than one job, attach a separate page with information about additional employers.	Employment status	☐ Employed ■ Not employed				☐ Empl	oyed mployed		
	Include part-time, seasonal, or self-employed work.	Occupation Employer's name								
	Occupation may include student or homemaker, if it applies.	Employer's address								
		How long employed t	here?				_			
Esti spou	mate monthly income as of the duse unless you are separated.	late you file this form. If	-						-	
more	u or your non-filing spouse have m e space, attach a separate sheet to	this form.	ombine the informatio	ii ioi ali e	пріс	For Dek		For Del	btor 2 or	you need
								non-fili	ng spouse	
2.	List monthly gross wages, sala deductions). If not paid monthly,			2.	\$		0.00	\$	N/A	
3.	Estimate and list monthly over	time pay.		3.	+\$		0.00	+\$	N/A	
4.	Calculate gross Income. Add li	ne 2 + line 3.		4.	\$		0.00	\$	N/A	

Add the entries in line 10 for Debtor 1 and Debtor 2 or non-filling spouse. 11. State all other regular contributions to the expenses that you list in Schedule J. Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other friends or relatives. Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in Schedule J.	Copy line 4 here	st all payroll deductions: Tax, Medicare, and Social Security deductions Sax, Medicare, and Social Security deductions Mandatory contributions for retirement plans Sb. \$ 0.00 \$ N/A Voluntary contributions for retirement plans Sc. \$ 0.00 \$ N/A Voluntary contributions for retirement plans Sc. \$ 0.00 \$ N/A N/A Nountary contributions for retirement plans Sc. \$ 0.00 \$ N/A N/A Required repayments of retirement fund loans Sd. \$ 0.00 \$ N/A Required repayments of retirement fund loans Sd. \$ 0.00 \$ N/A N/A Domestic support obligations Sf. \$ 0.00 \$ N/A Union dues Sg. \$ 0.00 \$ N/A Other deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h. 6. \$ 0.00 \$ N/A Includate total monthly take-home pay. Subtract line 8 from line 4. 7. \$ 0.00 \$ N/A Includate total monthly take-home pay. Subtract line 8 from line 4. 7. \$ 0.00 \$ N/A Includate total monthly take-home pay. Subtract line 8 from line 4. 7. \$ 0.00 \$ N/A Includate total monthly take-home pay. Subtract line 8 from line 4. 8. \$ 0.00 \$ N/A Includate total monthly take-home pay. Subtract line 8 from line 4. 7. \$ 0.00 \$ N/A Includate income regularly received: Net income from rental property and from operating a business, profession, or farm Attach a statement for each property and from operating a business, profession, or farm Attach a statement from mental property selflement. 8a. \$ 0.00 \$ N/A Interest and divident line of the subtract line 8 from line 4. 8b. \$ 0.00 \$ N/A Interest and divident line 8 line	Debt	or 1	Shirley Adams	_	Case r	number (<i>if known</i>)			
Copy line 4 here 4. \$ 0.00 \$ NI/A 5. List all payroll deductions: 5a. Tax, Medicare, and Social Security deductions 5b. Mandatory contributions for retirement plans 5c. Voluntary contributions for retirement plans 5c. Voluntary contributions for retirement plans 5c. Voluntary contributions for retirement plans 5d. Required repayments of retirement fund loans 5d. Required repayments of retirement fund loans 5d. Required repayments of retirement fund loans 5f. Donestic support obligations 5f. Donestic support obligations 5f. So.000 \$ NI/A 5g. Union dues 5f. Donestic support obligations 5f. Other deductions. Specify: 5h. 4s. 0.00 \$ NI/A 5h. Other deductions. Specify: 5h. 4s. 0.00 \$ NI/A 5h. Other deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h. 6. \$ 0.00 \$ NI/A 5h. Other income regularly received: 8a. Net income from rental property and from operating a business, profession, or farm Attach a statement for each property and from operating a business, profession, or farm Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income. 8b. Interest and dividends 8c. Family support payments that you, a non-filing spouse, or a dependent regularly receive include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement. 8d. Unemployment compensation 8d. \$ 0.000 \$ NI/A 8e. Social Security 8f. Other government assistance that you regularly receive include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify: 8h. Other monthly income. Specify: 8h. S 0.000 \$ NI/A 8h. Other monthly income. Specify: 8h. Add all other income. Add lines 8a+8b+8c+8d+8e+8l+8g+8h. 9. \$ 0.000 \$ NI/A 10. Calculate monthly income. Specify: 11. State all other regular contributions to the expresses that you troweloud, your dependents, your roommates, and other friends or relatives.	Copy line 4 here	st all payroll deductions: Tax, Medicare, and Social Security deductions Sax, Medicare, and Social Security deductions Mandatory contributions for retirement plans Sb. \$ 0.00 \$ N/A Voluntary contributions for retirement plans Sc. \$ 0.00 \$ N/A Voluntary contributions for retirement plans Sc. \$ 0.00 \$ N/A N/A Nountary contributions for retirement plans Sc. \$ 0.00 \$ N/A N/A Required repayments of retirement fund loans Sd. \$ 0.00 \$ N/A Required repayments of retirement fund loans Sd. \$ 0.00 \$ N/A N/A Domestic support obligations Sf. \$ 0.00 \$ N/A Union dues Sg. \$ 0.00 \$ N/A Other deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h. 6. \$ 0.00 \$ N/A Includate total monthly take-home pay. Subtract line 8 from line 4. 7. \$ 0.00 \$ N/A Includate total monthly take-home pay. Subtract line 8 from line 4. 7. \$ 0.00 \$ N/A Includate total monthly take-home pay. Subtract line 8 from line 4. 7. \$ 0.00 \$ N/A Includate total monthly take-home pay. Subtract line 8 from line 4. 8. \$ 0.00 \$ N/A Includate total monthly take-home pay. Subtract line 8 from line 4. 7. \$ 0.00 \$ N/A Includate income regularly received: Net income from rental property and from operating a business, profession, or farm Attach a statement for each property and from operating a business, profession, or farm Attach a statement from mental property selflement. 8a. \$ 0.00 \$ N/A Interest and divident line of the subtract line 8 from line 4. 8b. \$ 0.00 \$ N/A Interest and divident line 8 line									
Section Sect	Copy line 4 here	st all payroll deductions: Tax, Medicare, and Social Security deductions 5a, \$ 0.00 \$ N/A Mandatory contributions for retirement plans 5b, \$ 0.00 \$ N/A Mandatory contributions for retirement plans 5c, \$ 0.00 \$ N/A Required repayments of retirement fund loans 5d, \$ 0.00 \$ N/A Insurance 5e, \$ 0.00 \$ N/A I					For	Debtor 1			
5. List all payroll deductions: 5a. Tax, Medicare, and Social Security deductions 5b. Mandatory contributions for retirement plans 5c. Voluntary contributions for retirement plans 5c. \$0.00 \$ N/A 5c. Voluntary contributions for retirement plans 5c. \$0.00 \$ N/A 5c. Nountary contributions for retirement plans 5c. \$0.00 \$ N/A 5c. Nountary contributions for retirement fund loans 5c. \$0.00 \$ N/A 5c. Insurance 5c. \$0.00 \$ N/A 5c. Add the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h. 6. \$0.00 \$ N/A 5c. Calculate total monthly take-home pay. Subtract line 6 from line 4. 7. \$ 0.00 \$ N/A 5c. List all other income regularly received: 5a. Net income from rental property and from operating a business, profession, or farm Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income. 8b. Interest and dividends 8c. Family support payments that you, a non-filling spouse, or a dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement. 8c. \$0.00 \$ N/A 8c. Social Security 8c. Soc	5. List all payroll deductions: 5a. Tax, Medicare, and Social Security deductions 5b. Mandatory contributions for retirement plans 5c. Voluntary contributions for settlement fund loans 5d. Voluntary contributions for settlement fund loans 5d. Voluntary contributions for settlement fund loans 5d. Voluntary for	st all payroll deductions: Tax, Medicare, and Social Security deductions Tax, Medicare, and Social Security deductions Social Security deductions Tax, Medicare, and Social Security deductions Social Security Voluntary contributions for retirement plans Social Security Union dues Social Security Attach as datament for each property and the value of the support any ment shall support, child support, child support any ments that you, a non-filling spouse, or a dependent regularly receive include cach assistance that you regularly receive include cach assistance and the value (if known) of any non-cach assistance that you receive, such as food stamps (henefits under the Support norment income. Specify: Benefit of the payroll deductions. Add lines 8a+8b+8c+8d+8a+8f+8g+8h. Other income regular income. Specify: Benefit of the monthly income. Specify: Benefit of the payroll deductions of the value (if known) of any non-cach assistance that you receive, such as food stamps (henefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Benefit of the payroll deductions of the value (if known) of any non-cach assistance that you receive, such as food stamps (henefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Benefit of the payroll		_							
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	Specify: 11. • 12. Add the amount in the last column of line 10 to the amount in line 11. The result is the combined monthly income. Write that amount on the Summary of Schedules and Statistical Summary of Certain Liabilities and Related Data, if it applies 12. C	dd the amount in the last column of line 10 to the amount in line 11. The result is the combined monthly income. In the summary of Schedules and Statistical Summary of Certain Liabilities and Related Data, if it plies To you expect an increase or decrease within the year after you file this form? No.									
Openiy	12. Add the amount in the last column of line 10 to the amount in line 11. The result is the combined monthly income. Write that amount on the Summary of Schedules and Statistical Summary of Certain Liabilities and Related Data, if it applies	Idd the amount in the last column of line 10 to the amount in line 11. The result is the combined monthly income. It is that amount on the Summary of Schedules and Statistical Summary of Certain Liabilities and Related Data, if it plies 12. Combined monthly income by you expect an increase or decrease within the year after you file this form? No.		_		avaılat	le to pa	ay expenses lis	ted in S		0.00
	Write that amount on the Summary of Schedules and Statistical Summary of Certain Liabilities and Related Data, if it applies 12.	rite that amount on the Summary of Schedules and Statistical Summary of Certain Liabilities and Related Data, if it plies 12. \$ 0.00 Combined monthly income by you expect an increase or decrease within the year after you file this form? No.		Орс						ΤΙ. ΨΨ	0.00
	applies 12. C	plies 12. \$ 0.00 Combined monthly income by you expect an increase or decrease within the year after you file this form? No.	12.								
· · · · · · · · · · · · · · · · · · ·	C m	Combined monthly income by you expect an increase or decrease within the year after you file this form? No.				in Liab	ilities a	nd Related <i>Data</i>	a, if it	12. \$	0.00
applies	m	you expect an increase or decrease within the year after you file this form? No.		арр	iles						
		you expect an increase or decrease within the year after you file this form? No.									
	13. Do you expect an increase or decrease within the year after you file this form?	No.	13.	Do	you expect an increase or decrease within the year after you file this form	?				monthly	income
13. Do you expect an increase or decrease within the year after you file this form?			-		• •						
_ *		Yes. Explain:			Yes. Explain:						

Official Form 106I Schedule I: Your Income page 2

Debtor 2 Shirley Adams Check if this is: A supplement showing postpetition chapter (1 september 1) A supplement showing postpetition chapter (1 september 2) A supplement showin	Fill	in this information to identify your case:				
A supplement showing postpetition chapter 13 expenses as of the following date: 13 expenses as of the following date: 14 expenses 15	Deb	tor 1 Shirley Adams		Ch	eck if this is:	
Spouse, if filing	Dah				_	•
Case number ((If known)) Commonship Case Cas				Ц		
Official Form 106J Schedule J: Your Expenses Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach another sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question. Part I: Describe Your Household Is this a joint case? No, Go to line 2. Yes. Debtor 2 live in a separate household? No No test better 1 and Pes. Debtor 2 live in a separate household? No Do not list Debtor 1 and Pes. Fill out his information for each dependent. Debtor 2. Do you have dependents? No Do not list Debtor 1 and Pes. Fill out his information for each dependent seach dependent and the petter 1 or Debtor 2. Do not state the dependents names. No Yes Table Lettimate Your coppendents? Lettimate Your coppendents? Lettimate Your coppendents? Lettimate Your coppendents? No Yes Lettimate Your coppendents? Lettimate Your coppendents? No Yes Lettimate Your coppendents? Lettimate Your coppendents? No Yes Lettimate Your coppendents? Lettimate Your coppendents? Lettimate Your coppenses as of people other than yourself and your dependents. Lettimate Your expenses as of your bankruptcy filing date unless you are using this form as a supplement in a Chapter 13 case to report expenses as of a date after the bankruptcy is filed. If this is a supplemental Schedule J, check the box at the top of the form and fill in the applicable date. Include expenses paid for with non-cash government assistance if you know the value of such assistance and have included it on Schedule I: Your Income (Official Form 1061.) The rental or home ownership expenses for your residence. Include first mortgage payments and any rent for the ground or lot. The rental or home ownership expenses for your residence. Include first mortgage payments and any rent for the ground or lot. Lettimate Your expenses as 0 and 1000000000000000000000000000000000000	Unit	ed States Bankruptcy Court for the: EASTERN DISTRICT OF TEXAS			MM / DD / YYYY	
Official Form 106J Schedule J: Your Expenses Be as complete and accurate as possible. If two married people are filling together, both are equally responsible for supplying correct information. If more space is needed, attach another sheet to this form. On the top of any additional pages, write your name and case number (if known), Answer every question. The first Describe Your Household	Cas	e number				
Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information, if more space is needed, attach another sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question. Part Describe Your Household	(If kı	nown)				
Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach another sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question. Part 1:	Of	fficial Form 106J				
information. If more space is needed, attach another sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question. Part Describe Your Household	So	chedule J: Your Expenses				12/15
Is this a joint case?	info	ormation. If more space is needed, attach another sheet to this f				
Ves. Does Debtor 2 live in a separate household? No Yes. Debtor 2 must file Official Form 106J-2, Expenses for Separate Household of Debtor 2. Do you have dependents?						
No Yes. Debtor 2 must file Official Form 106J-2, Expenses for Separate Household of Debtor 2. 2. Do you have dependents? No No No No No No No N		_				
Do not list Debtor 1 and Debtor 2. Do not state the dependents names. Do not state the dependents names. Do your expenses include expenses of people other than yourself and your dependents? Stimate Your Ongoing Monthly Expenses Estimate your expenses as of your bankruptcy filling date unless you are using this form as a supplement in a Chapter 13 case to report expenses as of a date after the bankruptcy is filed. If this is a supplemental Schedule J, check the box at the top of the form and fill in the applicable date. Include expenses paid for with non-cash government assistance if you know the value of such assistance and have included it on Schedule I: Your Income (Official Form 106I.) 4. The rental or home ownership expenses for your residence. Include first mortgage payments and any rent for the ground or lot. 4. Real estate taxes 4a. \$ 0.00 If not included in line 4: 4a. Real estate taxes 4b. Property, homeowner's, or renter's insurance 4c. Home maintenance, repair, and upkeep expenses 4d. \$ 0.00 Homeowner's association or condominium dues 4d. \$ 0.00 Long the with spendent involved invertible age in the invertible age in the property. Homeowner's association or condominium dues		□ No	for Separate House	hold of De	ebtor 2.	
Debtor 2. each dependent	2.	Do you have dependents? ■ No				
dependents names. Yes No No Yes No No Yes No No No No No No No N		Do not list Debtor 1 and Yes. Fill out this information for			•	
3. Do your expenses include expenses of people other than yourself and your dependents? Stimate Your Ongoing Monthly Expenses						
3. Do your expenses include expenses of people other than yourself and your dependents? Setimate Your Ongoing Monthly Expenses		·				
3. Do your expenses include expenses of people other than yourself and your dependents? No						_
3. Do your expenses include expenses of people other than yourself and your dependents? Estimate Your Ongoing Monthly Expenses Estimate your expenses as of your bankruptcy filing date unless you are using this form as a supplement in a Chapter 13 case to report expenses as of a date after the bankruptcy is filed. If this is a supplemental Schedule J, check the box at the top of the form and fill in the applicable date. Include expenses paid for with non-cash government assistance if you know the value of such assistance and have included it on Schedule I: Your Income (Official Form 106I.) 4. The rental or home ownership expenses for your residence. Include first mortgage payments and any rent for the ground or lot. If not included in line 4: 4a. Real estate taxes 4a. \$ 0.00 4b. Property, homeowner's, or renter's insurance 4c. \$ 0.00 4d. Home maintenance, repair, and upkeep expenses 4d. \$ 0.00 4d. Homeowner's association or condominium dues						
3. Do your expenses include expenses of people other than yourself and your dependents? Part 2: Estimate Your Ongoing Monthly Expenses Estimate your expenses as of your bankruptcy filling date unless you are using this form as a supplement in a Chapter 13 case to report expenses as of a date after the bankruptcy is filled. If this is a supplemental <i>Schedule J</i> , check the box at the top of the form and fill in the applicable date. Include expenses paid for with non-cash government assistance if you know the value of such assistance and have included it on <i>Schedule I: Your Income</i> (Official Form 106I.) 4. The rental or home ownership expenses for your residence. Include first mortgage payments and any rent for the ground or lot. If not included in line 4: 4a. Real estate taxes 4b. Property, homeowner's, or renter's insurance 4c. Home maintenance, repair, and upkeep expenses 4d. \$ 0.00 4d. Homeowner's association or condominium dues					_	-
expenses of people other than yourself and your dependents? Part 2: Estimate Your Ongoing Monthly Expenses Estimate your expenses as of your bankruptcy filing date unless you are using this form as a supplement in a Chapter 13 case to report expenses as of a date after the bankruptcy is filed. If this is a supplemental Schedule J, check the box at the top of the form and fill in the applicable date. Include expenses paid for with non-cash government assistance if you know the value of such assistance and have included it on Schedule I: Your Income (Official Form 106I.) 4. The rental or home ownership expenses for your residence. Include first mortgage payments and any rent for the ground or lot. 4. \$ 0.00 If not included in line 4: 4a. Real estate taxes 4a. \$ 0.00 4b. Property, homeowner's, or renter's insurance 4c. Home maintenance, repair, and upkeep expenses 4d. \$ 0.00 Ad. Homeowner's association or condominium dues						Yes
Estimate your expenses as of your bankruptcy filing date unless you are using this form as a supplement in a Chapter 13 case to report expenses as of a date after the bankruptcy is filed. If this is a supplemental Schedule J, check the box at the top of the form and fill in the applicable date. Include expenses paid for with non-cash government assistance if you know the value of such assistance and have included it on Schedule I: Your Income (Official Form 106I.) 4. The rental or home ownership expenses for your residence. Include first mortgage payments and any rent for the ground or lot. If not included in line 4: 4a. Real estate taxes 4b. Property, homeowner's, or renter's insurance 4c. Home maintenance, repair, and upkeep expenses 4d. \$ 0.00 Homeowner's association or condominium dues	3.	expenses of people other than				
expenses as of a date after the bankruptcy is filed. If this is a supplemental <i>Schedule J</i> , check the box at the top of the form and fill in the applicable date. Include expenses paid for with non-cash government assistance if you know the value of such assistance and have included it on <i>Schedule I: Your Income</i> (Official Form 106I.) 4. The rental or home ownership expenses for your residence. Include first mortgage payments and any rent for the ground or lot. 4. \$ 0.00 If not included in line 4: 4a. Real estate taxes 4b. Property, homeowner's, or renter's insurance 4c. Home maintenance, repair, and upkeep expenses 4d. \$ 0.00 Homeowner's association or condominium dues	Par	t 2: Estimate Your Ongoing Monthly Expenses				
the value of such assistance and have included it on Schedule I: Your Income (Official Form 106L) 4. The rental or home ownership expenses for your residence. Include first mortgage payments and any rent for the ground or lot. If not included in line 4: 4a. Real estate taxes 4b. Property, homeowner's, or renter's insurance 4c. Home maintenance, repair, and upkeep expenses 4d. \$ 0.00 4d. Homeowner's association or condominium dues	exp	enses as of a date after the bankruptcy is filed. If this is a suppl				
4. The rental or home ownership expenses for your residence. Include first mortgage payments and any rent for the ground or lot. If not included in line 4: 4a. Real estate taxes 4b. Property, homeowner's, or renter's insurance 4c. Home maintenance, repair, and upkeep expenses 4d. Homeowner's association or condominium dues Your expenses 4. \$ 0.00 4. \$ 0.00 4. \$ 0.00 4. \$ 0.00 4. \$ 0.00 4. \$ 0.00 4. \$ 0.00 4. \$ 0.00 4. \$ 0.00 4. \$ 0.00						
payments and any rent for the ground or lot. If not included in line 4: 4a. Real estate taxes 4b. Property, homeowner's, or renter's insurance 4c. Home maintenance, repair, and upkeep expenses 4d. Someowner's association or condominium dues 4d. Someowner's association or condominium dues					Your exp	penses
4a.Real estate taxes4a.\$0.004b.Property, homeowner's, or renter's insurance4b.\$0.004c.Home maintenance, repair, and upkeep expenses4c.\$0.004d.Homeowner's association or condominium dues4d.\$0.00	4.	• • • • • • • • • • • • • • • • • • • •	nclude first mortgage		\$	0.00
4b. Property, homeowner's, or renter's insurance 4b. \$ 0.00 4c. Home maintenance, repair, and upkeep expenses 4c. \$ 0.00 4d. Homeowner's association or condominium dues 4d. \$ 0.00		If not included in line 4:				
4b. Property, homeowner's, or renter's insurance 4b. \$ 0.00 4c. Home maintenance, repair, and upkeep expenses 4c. \$ 0.00 4d. Homeowner's association or condominium dues 4d. \$ 0.00		4a. Real estate taxes		4a.	\$	0.00
4d. Homeowner's association or condominium dues 4d. \$ 0.00		4b. Property, homeowner's, or renter's insurance			\$	0.00
					·	
	5.		ne equity loans		·	

Deb	otor 1	Shirley A	Adams	Case	e num	ber (if known)	
6.	Utiliti	ies:					
٥.	6a.		heat, natural gas		6a.	\$	0.00
	6b.		wer, garbage collection		6b.	\$	0.00
	6c.		e, cell phone, Internet, satellite, and cable servi	ces	6c.	·	75.00
	6d.	Other. Spe			6d.	·	0.00
7.			ekeeping supplies		7.	· <u> </u>	150.00
8.			children's education costs		8.	\$	0.00
9.			ry, and dry cleaning		9.		0.00
		•	products and services		10.	•	0.00
		-	ntal expenses		11.	· · · · · · · · · · · · · · · · · · ·	0.00
			Include gas, maintenance, bus or train fare.			·	
			ar payments.		12.	\$	0.00
13.	Ente	rtainment,	clubs, recreation, newspapers, magazines,	and books	13.	\$	0.00
14.	Char	itable cont	ributions and religious donations		14.	\$	0.00
15.	Insur	rance.	-				
	Do no	ot include in	surance deducted from your pay or included in	lines 4 or 20.			
	15a.	Life insura	ince		15a.	·	0.00
	15b.	Health ins	urance		15b.	\$	0.00
		Vehicle ins			15c.	\$	0.00
	15d.	Other insu	rance. Specify:		15d.	\$	0.00
16.			clude taxes deducted from your pay or include	d in lines 4 or 20.			
	Spec	,			16.	\$	0.00
17.			ease payments:			_	
			ents for Vehicle 1		17a.	·	0.00
			ents for Vehicle 2		17b.	•	0.00
		Other. Spe	-		17c.	•	0.00
		Other. Spe	· .		17d.	\$	0.00
18.			of alimony, maintenance, and support that		18.	\$	0.00
10			your pay on line 5, Schedule I, Your Income		10.	\$	
19.			s you make to support others who do not liv	e with you.	40	Φ	0.00
20	Spec	·	erty expenses not included in lines 4 or 5 of	this form or on Schodulo	19.	our Incomo	
20.			s on other property		20a.		0.00
		Real estat			20b.		0.00
			nomeowner's, or renter's insurance		20c.	·	0.00
			nce, repair, and upkeep expenses		20d.		
			er's association or condominium dues		20u. 20e.		0.00
24			ers association of condominium dues			φ +\$	0.00
21.	Othe	r: Specify:			۷۱.	+Φ	0.00
22.	Calcu	ulate your ı	monthly expenses				
	22a.	Add lines 4	through 21.			\$	225.00
	22b.	Copy line 22	2 (monthly expenses for Debtor 2), if any, from	Official Form 106J-2		\$	
	22c. /	Add line 22	a and 22b. The result is your monthly expense	S.		\$	225.00
			, , ,				
23.		•	monthly net income.				
			12 (your combined monthly income) from Sche		23a.	·	0.00
	23b.	Copy your	monthly expenses from line 22c above.		23b.	-\$	225.00
	23c.		our monthly expenses from your monthly incon	ne.	23c.	\$	-225.00
		ine result	is your monthly net income.		200.	<u> </u>	
24	Do v	OU expect s	an increase or decrease in your expenses w	ithin the year after you file	e thic	form?	
∠4.			ou expect to finish paying for your car loan within the				rease or decrease because of a
			terms of your mortgage?	, , , , , , , , , , , , , , , , , , , ,	J J - 1	. ,	
	■ No	0.					
	□Y€		Explain here:				

Fill in this infe	ormation to identify your	2222			
riii iii tiiis iiiit	ormation to identify your	case.			
Debtor 1	Shirley Adams				
	First Name	Middle Name	Last Name		
Debtor 2 (Spouse if, filing)	First Name	Middle Name	Last Name		
(Opodoc II, IIIIIg)	ristrano	Middle Hame	Last Hame		
United States	Bankruptcy Court for the:	EASTERN DISTRICT OF	F TEXAS		
Case number					
(if known)					☐ Check if this is an
					amended filing
Official Fo	rm 106Dec				
Declara	ation About a	n Individual	Debtor's Sc	hedules	12/15
Boolard	Acioni About c	- IIIaiviaaai	D00101 0 00		12/13
f two married	people are filing together	r. both are equally respor	nsible for supplying corr	ect information.	
					ent, concealing property, or
	. 18 U.S.C. §§ 152, 1341, 1		ruptcy case can result if	i fines up to \$250,000, t	or imprisonment for up to 20
,	33,, -				
S	ign Below				
ا Did you	pay or agree to pay some	one who is NOT an attorr	ney to help you fill out ba	ankruptcy forms?	
■ No					
☐ Yes.	. Name of person			Attach Bankruj	otcy Petition Preparer's Notice,
	•			Declaration, ar	nd Signature (Official Form 119)
Under per	nalty of perjury, I declare	that I have read the sumr	mary and schedules filed	I with this declaration a	and
	are true and correct.		,		
V // 0			V		
	hirley Adams		X Signature of [Johtor 2	
	ley Adams ature of Debtor 1		Signature of L	JEDIUI Z	
Signa	adio oi bobioi i				
Date	January 21, 2019		Date		

Fill in	this inforn	nation to identify you	r case:					
Debto	or 1	Shirley Adams						
Daha	0	First Name	Middle Name	Last Name				
Debto (Spous	or ∠ e if, filing)	First Name	Middle Name	Last Name				
Unite	d States Bai	nkruptcy Court for the:	EASTERN DISTRICT OF	TEXAS				
0								
(if know	number					Check if this is an mended filing		
∩ffi	cial Fo	rm 107						
			Affairs for Indivi	duals Filing for B	ankruptcy	4/1		
inform	nation. If m	ore space is needed,	attach a separate sheet to		equally responsible for sup additional pages, write you			
1umb	er (if knowr	n). Answer every que	stion.					
Part 1	Give D	etails About Your Ma	arital Status and Where You	Lived Before				
ı. V	/hat is you	current marital statu	ıs?					
Г	☐ Married							
	Not mar	ried						
2. D	uring the la	ast 3 years, have you	lived anywhere other than	where you live now?				
				-				
	■ No T Vas Lis	t all of the places you l	ived in the last 3 years. Do no	nt include where you live now	,			
		, ,	ŕ	ŕ				
'	Debtor 1 Pr	ior Address:	Dates Debtor 1 lived there	Debtor 2 Prior Ad	dress:	Dates Debtor 2 lived there		
					ity property state or territory co, Texas, Washington and W			
	_	,	, ,	,		,		
	■ No T Yes Ma	ke sure vou fill out Sch	hedule H: Your Codebtors (O	fficial Form 106H)				
	1 C3. Wid	ike sare you iii out ooi	icadic 11. Tour Godebiors (O	modification room.				
Part 2	Explai	n the Sources of You	r Income					
F	ill in the tota	I amount of income yo	nployment or from operating ureceived from all jobs and a have income that you receive	all businesses, including part-		ndar years?		
Г] No							
Ī		in the details.						
			511		D.I.			
			Debtor 1 Sources of income	Gross income	Debtor 2 Sources of income	Gross income		
			Check all that apply.	(before deductions and exclusions)	Check all that apply.	(before deductions and exclusions)		
		year before that: cember 31, 2017)	☐ Wages, commissions, bonuses, tips	\$11,444.00	☐ Wages, commissions, bonuses, tips			
			Operating a business		☐ Operating a business			

Official Form 107

De	ו וטוטו	311	iriey Auai	115				Ca	Se Hullibel (II known)			
5.	Inclu and	ide ind other	come regard public bene	dless of wheth fit payments; p	er that inco pensions; r	nis year or the two pome is taxable. Example income; interest have income that you	nples o	f other income are dends; money colle	alimony; child supp ected from lawsuits;	royalties; an		
	List	each s	source and t	the gross inco	me from ea	ach source separate	ly. Do	not include income	that you listed in lir	ne 4.		
		No										
			Fill in the de	etails.								
					Debtor 1				Debtor 2			
					Sources Describe	of income below.	each (befo	s income from source re deductions and sions)	Sources of inc Describe below		Gross income (before deductions) and exclusions	tions
Pa	rt 3:	List	Certain Pa	yments You	Made Bef	ore You Filed for B	ankrup	otcy				
ò.	Are □	either No.	Neither De individual p	ebtor 1 nor D primarily for a	ebtor 2 ha personal,	rimarily consumer of as primarily consum family, or household	ner del I purpos	bts. Consumer deb se."			1(8) as "incurred	by an
			During the No.	90 days befo Go to line 7.	•	for bankruptcy, did	you pa	y any creditor a tot	al of \$6,425* or mo	re?		
			☐ Yes	List below e paid that cre not include	ach credito editor. Do r payments	or to whom you paid not include payments to an attorney for thi	s for do s bankı	mestic support obl ruptcy case.	igations, such as ch	nild support a	ind alimony. Also	
		.,				and every 3 years			n or alter the date t	n adjustment	•	
	-	Yes.				re primarily consund for bankruptcy, did			tal of \$600 or more?	•		
			■ No.	Go to line 7.								
			□ _{Yes}		ments for c	or to whom you paid domestic support obluptcy case.						
	Cre	ditor'	s Name and	d Address		Dates of paymen	t	Total amount paid	Amount you still owe	Was this p	payment for	
7.	<i>Insid</i> of w	ders in hich ye siness	clude your r ou are an of	relatives; any fficer, director,	general pa person in	cy, did you make a rtners; relatives of a control, or owner of 1 U.S.C. § 101. Inclu	ny gen 20% o	eral partners; partn r more of their votir	erships of which yong securities; and a	u are a gene ny managing	ral partner; corpo agent, including	
		No										
	⊔ Ins		List all payn Name and	nents to an ins	sider.	Dates of paymen	t	Total amount	Amount you	Reason fo	or this payment	
	1113	iuci 3	Harrie aria	Addiess		Dates of paymen		paid	still owe	Reasonie	r tilis payment	
3.	insi	der?				cy, did you make an igned by an insider.		ments or transfer	any property on a	ccount of a	debt that benefi	ted an
		No Yes.	List all payn	nents to an ins	sider							
	Ins		Name and			Dates of paymen	t	Total amount paid	Amount you still owe		or this payment	
								puiu	2			

Case 19-40164 Doc 1 Filed 01/21/19 Entered 01/21/19 11:45:04 Desc Main Document Page 44 of 61

			Case 19-40164	Doc 1	Filed 01/2	1/19	Entered 01	/21/19 11:45:04	Desc Main Doc	cument	Page 45 of	61
Del	otor 1	Shirley	/ Adams						Case number ((if known)		
Par	t 4:	Identify	Legal Actions, l	Reposse	ssions, an	d Fo	reclosures					
9.	List all	such ma		ersonal i					urt action, or ad ollection suits, pat			
	_	lo 'es. Fill ir	the details.									
	Case Case	title number			Nat	ure o	of the case	Court or ag	jency		Status of the	he case
	Colli Debt Cred	sion d/l or: Shi litor: Ri	ss v. Cars Au o/a Shirley Ad rley Adams chard Glass		Civ	ril Di:	spute	Precinct 3	k Blvd. #220		Pending On appe	eal
	31-S	C-18-00	128								Trial by Jo 01/24/2019	udge set for 9
10.	Check	all that a	apply and fill in th	e details		as an	y of your pro	pperty reposses	sed, foreclosed	, garnish	ed, attache	d, seized, or levied?
	Credi	itor Nam	e and Address		Des	scribe	e the Proper	ty		Date		Value of the
					Exp	olain	what happer	ned				property
11.	accou	nts or re	s before you file efuse to make a n the details.						or financial ins	stitution,	set off any	amounts from your
	Credi	itor Nam	e and Address		Des	scribe	e the action	the creditor tool	k	Date a	ction was	Amount
12.	court-		pefore you filed ed receiver, a cu					operty in the pos	ssession of an a	assignee	for the ben	efit of creditors, a
Par	t 5:	List Cer	tain Gifts and C	ontributi	ons							
13.	■ N	lo	before you file		kruptcy, d	lid yo	u give any g	ifts with a total	value of more th	han \$600	per person	?
	per p	erson	otal value of mo	·		Des	scribe the gif	fts		Dates the gift	you gave ts	Value
	Perso		om You Gave t	he Gift ar	nd							
14.	■ N	lo	before you file the details for e				u give any g	ifts or contribut	tions with a tota	l value o	f more than	\$600 to any charity?

Charity's Name

Describe what you contributed

Value

Gifts or contributions to charities that total more than \$600

Address (Number, Street, City, State and ZIP Code)

Dates you contributed

		C	ase 19-40164	Doc 1	Filed 01/2	1/19	Entered 0	1/21/19 11:45:04	Des	sc Main Docu	ument P	age 46 of 6	61
Deb	otor 1	Shirley	Adams						Ca	se number (i	if known)		
Par	t 6:	List Certa	in Losses										
15.		n 1 year bombling?	efore you filed	for banl	kruptcy or	since	you filed f	for bankruptcy, d	lid yo	u lose anyth	ning becau	se of thef	t, fire, other disaster,
	_	No Yes. Fill in	the details.										
		cribe the p the loss o	roperty you lo ccurred	st and	Include	the a	mount that	e coverage for the insurance has page 33 of Schedule A	id. Lis	t pending	Date of you	our	Value of property lost
Par	art 7: List Certain Payments or Transfers												
	Includ	ulted abou	t seeking ban neys, bankrupt	kruptcy	or preparin	g a b	ankruptcy						ty to anyone you
	Addr Emai	il or webs	as Paid te address ade the Paym	ent, if No	ot You		cription ar	nd value of any p	roper	ty	Date paye or transfe made		Amount of payment
17.	promi	ised to he	Ip you deal with my payment or	th your c	reditors o	to m	ake payme	else acting on y ents to your cred			r transfer a	any proper	rty to anyone who
		on Who W					cription ar	nd value of any p	roper	ty	Date paye or transfe made		Amount of payment
	Includinclud	ferred in the both out	ne ordinary co right transfers a transfers that y	urse of y and transf	our busing fers made a	ess o	r financial curity (such	as the granting of					
	Addr	ress	eceived Trans	fer			cription ar perty trans	nd value of ferred		Describe a payments paid in exc	received o		Date transfer was made
	Person's relationship to you												
	Within 10 years before you filed for bankruptcy, did you transfer any property to a self-settled trust or similar device of which you are a beneficiary? (These are often called asset-protection devices.) No Yes. Fill in the details.												
Name of trust Description and value of the property transferred								Date Transfer was					

Debtor 1 Shirley Adams

Case number (if known)

Par	t 8: List of Certain Financial Accounts, In	struments, Safe Depos	it Boxes, and Sto	orage Units	S						
20.	Within 1 year before you filed for bankrupto sold, moved, or transferred? Include checking, savings, money market, houses, pension funds, cooperatives, assolution No Yes. Fill in the details.	or other financial accou	unts; certificates	of deposit		, ,					
	Name of Financial Institution and Address (Number, Street, City, State and ZIP Code)	Last 4 digits of account number	Type of accou instrument	nt or	Date account was closed, sold, moved, or transferred	Last balance before closing or transfer					
21.	Do you now have, or did you have within 1 cash, or other valuables?	year before you filed fo	or bankruptcy, an	y safe dep	osit box or other deposit	ory for securities,					
	■ No □ Yes. Fill in the details.										
	Name of Financial Institution Address (Number, Street, City, State and ZIP Code) Who else had access to it? Address (Number, Street, City, State and ZIP Code) Describe the contents Address (Number, Street, City, State and ZIP Code)										
22.	22. Have you stored property in a storage unit or place other than your home within 1 year before you filed for bankruptcy?										
	■ No □ Yes. Fill in the details.										
	Name of Storage Facility Address (Number, Street, City, State and ZIP Code) Who else has or had access to it? Address (Number, Street, City, State and ZIP Code) Do you still have it? Address (Number, Street, City, State and ZIP Code)										
Part 9: Identify Property You Hold or Control for Someone Else											
23. Do you hold or control any property that someone else owns? Include any property you borrowed from, are storing for, or hold in t for someone.											
	■ No										
	Yes. Fill in the details.	14 /1 1 - 41		D							
	Owner's Name Address (Number, Street, City, State and ZIP Code)	Where is the pro (Number, Street, City, Code)		Describe	he property	Value					
Par	t 10: Give Details About Environmental Inf	ormation									
For	the purpose of Part 10, the following definiti	ons apply:									
	Environmental law means any federal, state, or local statute or regulation concerning pollution, contamination, releases of hazardous or toxic substances, wastes, or material into the air, land, soil, surface water, groundwater, or other medium, including statutes or regulations controlling the cleanup of these substances, wastes, or material.										
	Site means any location, facility, or propert to own, operate, or utilize it, including disp	-	environmental la	aw, whethe	er you now own, operate,	or utilize it or used					
	Hazardous material means anything an envi hazardous material, pollutant, contaminant		as a hazardous	waste, haz	zardous substance, toxic	substance,					
Rep	eport all notices, releases, and proceedings that you know about, regardless of when they occurred.										
24.	Has any governmental unit notified you that	t you may be liable or լ	ootentially liable	under or ir	n violation of an environm	nental law?					
	■ No □ Yes. Fill in the details.										
	Name of site Address (Number, Street, City, State and ZIP Code)	Governmental u Address (Number, ZIP Code)	nit Street, City, State and		nmental law, if you it	Date of notice					

Del	btor 1	Shirley Adams		Ca	se number (if known)	
25.	Have	you notified any governmental unit of	any release of hazardous material?			
		No				
		Yes. Fill in the details.				
		ne of site ress (Number, Street, City, State and ZIP Code)	Governmental unit Address (Number, Street, City, State and ZIP Code)	d	Environmental law, if you know it	Date of notice
26.	Have	you been a party in any judicial or add	ministrative proceeding under any envi	ironi	mental law? Include settlements	and orders.
	_	No Yes. Fill in the details.				
		e Title e Number	Court or agency Name Address (Number, Street, City, State and ZIP Code)	Na	ture of the case	Status of the case
Pai	rt 11:	Give Details About Your Business or	Connections to Any Business			
27.	Withi	in 4 years before you filed for bankrup	tcy, did you own a business or have an	ıy of	the following connections to any	y business?
	1	☐ A sole proprietor or self-employed	in a trade, profession, or other activity,	eith	er full-time or part-time	
	[☐ A member of a limited liability comp	pany (LLC) or limited liability partnersh	ip (L	.LP)	
	1	☐ A partner in a partnership				
	1	☐ An officer, director, or managing ex	ecutive of a corporation			
		☐ An owner of at least 5% of the votin	g or equity securities of a corporation			
		No. None of the above applies. Go to	Part 12.			
		Yes. Check all that apply above and fil	I in the details below for each business	s.		
		iness Name	Describe the nature of the business		Employer Identification number	
	(Numi	ber, Street, City, State and ZIP Code)	Name of accountant or bookkeeper		Do not include Social Security Dates business existed	number of ITIN.
28.		in 2 years before you filed for bankrup utions, creditors, or other parties.	tcy, did you give a financial statement t	to ar	nyone about your business? Incl	ude all financial
		No				
		Yes. Fill in the details below.				
	Nam Add		Date Issued			
		ber, Street, City, State and ZIP Code)				
Pai	rt 12:	Sign Below				
are with	true ai n a bar	nd correct. I understand that making a	nancial Affairs and any attachments, an false statement, concealing property, \$250,000, or imprisonment for up to 20	or o	btaining money or property by fra	
		ey Adams				
		Adams e of Debtor 1	Signature of Debtor 2			
Dat	te Ja	anuary 21, 2019	Date			
Did ■ N □ Y	10	ttach additional pages to Your Stateme	ent of Financial Affairs for Individuals F	Filin	g for Bankruptcy (Official Form 1	07)?
Did ■ N		ay or agree to pay someone who is no	t an attorney to help you fill out bankru	ıptc	y forms?	
		ame of Person Attach the <i>Bankru</i>	uptcy Petition Preparer's Notice, Declaration	on, a	and Signature (Official Form 119).	
Offic	ial Forn	n 107 Staten	nent of Financial Affairs for Individuals Filing	g for	Bankruptcy	page 6

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Case 19-40164 Doc 1 Filed 01/21/19 Entered 01/21/19 11:45:04 Desc Main Document Page 49 of 61

Debtor 1 Shirley Adams Case number (if known)

Fill in this infor	mation to identify your	case:		
Debtor 1	Shirley Adams			
	First Name	Middle Name	Last Name	
Debtor 2				
(Spouse if, filing)	First Name	Middle Name	Last Name	
United States Ba	ankruptcy Court for the:	EASTERN DISTRICT O	FTEXAS	
Case number				
(if known)				☐ Check if this is an amended filing

Official Form 108

Statement of Intention for Individuals Filing Under Chapter 7

12/15

If you are an individual filing under chapter 7, you must fill out this form if:

- creditors have claims secured by your property, or
- you have leased personal property and the lease has not expired.

You must file this form with the court within 30 days after you file your bankruptcy petition or by the date set for the meeting of creditors, whichever is earlier, unless the court extends the time for cause. You must also send copies to the creditors and lessors you list on the form

If two married people are filing together in a joint case, both are equally responsible for supplying correct information. Both debtors must sign and date the form.

Be as complete and accurate as possible. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known).

Part 1: List Your Creditors Who Have Secured Claims

1. For any creditors that you listed in Part 1 of Schedule D: Creditors Who Have Claims Secured by Property (Official Form 106D), fill in the information below.

Identify the creditor and the property that is collateral	What do you intend to do with the property that secures a debt?	Did you claim the property as exempt on Schedule C?
Creditor's	☐ Surrender the property.	□ No
name:	☐ Retain the property and redeem it.	
Description of	☐ Retain the property and enter into a Reaffirmation Agreement.	☐ Yes
property securing debt:	☐ Retain the property and [explain]:	
Creditor's	☐ Surrender the property.	□ No
name:	☐ Retain the property and redeem it.	_
Description of	☐ Retain the property and enter into a Reaffirmation Agreement.	☐ Yes
property securing debt:	☐ Retain the property and [explain]:	
Creditor's	☐ Surrender the property.	□ No
name:	☐ Retain the property and redeem it.	<u></u>
Description of	Retain the property and enter into a Reaffirmation Agreement.	☐ Yes
property securing debt:	☐ Retain the property and [explain]:	
Creditor's	☐ Surrender the property.	□ No

Official Form 108

Statement of Intention for Individuals Filing Under Chapter 7

page 1

Debtor	1 Shirley Adams	Case number (if	known)
prope	cription of	 □ Retain the property and redeem it. □ Retain the property and enter into a Reaffirmation Agreement. □ Retain the property and [explain]: 	□ Yes
in the in	unexpired personal property lease that your formation below. Do not list real estate least	_eases u listed in Schedule G: Executory Contracts and Une ses. Unexpired leases are leases that are still in effer ease if the trustee does not assume it. 11 U.S.C. § 36	ct; the lease period has not yet ended.
Describ	be your unexpired personal property lease	S	Will the lease be assumed?
	s name: tion of leased y:		□ No
	s name: otion of leased y:		□ No
	s name: tion of leased y:		□ No □ Yes
	s name: otion of leased y:		□ No
	s name: otion of leased y:		□ No
	s name: otion of leased y:		□ No
	s name: tion of leased v:		□ No
Part 3:			Li fes
	penalty of perjury, I declare that I have indic y that is subject to an unexpired lease.	ated my intention about any property of my estate th	at secures a debt and any personal
	/ Shirley Adams	Signature of Debtor 2	
	hirley Adams gnature of Debtor 1	Signature of Debtor 2	
Da	ate January 21, 2019	Date	

Official Form 108

Fill in this inform	nation to identify your case:			eck one box 2A-1Supp:	only as d	irected in this form and	in Form
Debtor 1	Shirley Adams			za-Toupp.			
Debtor 2 (Spouse, if filing)			'	■ 1. There is	s no pres	umption of abuse	
United States B	ankruptcy Court for the: Eastern District of	Гехаѕ	'	applies	will be n	o determine if a presurnade under <i>Chapter 7</i>	•
Case number (if known)			_	☐ 3. The Me	ans Test	icial Form 122A-2). does not apply now be service but it could ap	
						n amended filing	1,
Official Fo	orm 122A - 1					g	
	7 Statement of Your Cur	rent Mor	nthly Inc	ome			12/1
attach a separate case number (if ko qualifying military	nd accurate as possible. If two married people a sheet to this form. Include the line number to wl nown). If you believe that you are exempted from y service, complete and file Statement of Exempt culate Your Current Monthly Income	nich the additior n a presumption	nal information a of abuse becau	applies. On the se you do not	e top of a	ny additional pages, writh marily consumer debts o	te your name and or because of
1. What is yo	our marital and filing status? Check one onl	V.					
■ Not ma	urried. Fill out Column A, lines 2-11.	,					
_	d and your spouse is filing with you. Fill out	t both Columns	A and B. lines	2-11.			
_	d and your spouse is NOT filing with you.						
	ng in the same household and are not legal	•	•	lumns A and	B, lines 2	2-11.	
pena	ng separately or are legally separated. Fill o alty of perjury that you and your spouse are le g apart for reasons that do not include evading	gally separated	d under nonban	kruptcy law t	hat applie	es or that you and you	
101(10A). For e the 6 months, a	rage monthly income that you received from all sexample, if you are filing on September 15, the 6-months and divide the total in the same rental property, put the income from that property, put the income from that property.	onth period would by 6. Fill in the res	be March 1 throusult. Do not include	ugh August 31. de any income	If the amount m	ount of your monthly incon ore than once. For examp	ne varied during ble, if both
				Column A Debtor 1		Column B Debtor 2 or non-filing spouse	
Your gros payroll ded	s wages, salary, tips, bonuses, overtime, a ductions).	ind commission	ons (before all	\$	0.00	\$	
Column B		•	•	\$	0.00	\$	
of you or y from an un and roomn	nts from any source which are regularly partyour dependents, including child support. Imarried partner, members of your household, nates. Include regular contributions from a spoon of include payments you listed on line 3.	Include regular your depende	contributions nts, parents,	\$	0.00	\$	
	ne from operating a business, profession, o	or farm					
			otor 1				
	eipts (before all deductions)	\$ 0.00					
•	nd necessary operating expenses	-\$ 0.00	Copy here ->	¢	0.00	\$	
	ly income from a business, profession, or farn	1\$	Copy nere ->	Φ	0.00	Φ	
o. Net incom	ne from rental and other real property	Deb	otor 1				
Gross rece	eipts (before all deductions)	\$ 0.00					
	nd necessary operating expenses	-\$ 0.00					
•	ly income from rental or other real property	\$ 0.00	Copy here ->	\$	0.00	\$	
	lividends, and royalties			\$	0.00	\$	

Official Form 122A-1

Debtor 1 Shirley Adams Case number (if known)

					olumn A ebtor 1		Column B Debtor 2 or non-filing s		
8.	Unemployment compensation			\$_		0.00	\$		
	Do not enter the amount if you contend that the amour the Social Security Act. Instead, list it here:	t received was a benefi	t under						
	For you §	0.0	00						
_	For your spouse	· -							
	Pension or retirement income. Do not include any arbenefit under the Social Security Act.			\$_		0.00	\$		
10.	Income from all other sources not listed above. Specify the source and amount. Do not include any benefits received under the Social Security Act or payments received as a victim of a war crime, a crime against humanity, or international or domestic terrorism. If necessary, list other sources on a separate page and put the total below.						0		
	•			ֆ -		0.00	\$		
	Total amounts from separate pages, if any.		— .	ф_ ф_		0.00	\$ \$		
	Total amounts from separate pages, if any.			Ψ-		0.00	Ψ		1
11.	Calculate your total current monthly income. Add li each column. Then add the total for Column A to the to		\$		0.00	+ \$ _		= \$0.00	
								Total current monthly	J
Part	2: Determine Whether the Means Test Applies	to You						income	
12.	Calculate your current monthly income for the year	. Follow these steps:							
	12a. Copy your total current monthly income from line	11			Сору	line 11 h	iere=>	\$	
	Multiply by 12 (the number of months in a year)							x 12	J
	12b. The result is your annual income for this part of the	e form					12b.	. \$0.00	
13.	Calculate the median family income that applies to	you. Follow these steps	s:						J
	Fill in the state in which you live.	ТХ							
	Fill in the number of people in your household.	2							1
	Fill in the median family income for your state and size						13.	\$63,869.00	
	To find a list of applicable median income amounts, go for this form. This list may also be available at the bank	online using the link sp cruptcy clerk's office.	ecified	in th	ne separa	te instruc	tions]
14.	How do the lines compare?								
	14a. Line 12b is less than or equal to line 13. CGo to Part 3.	On the top of page 1, che	eck box	1, 1	There is n	o presum	ption of abuse	e.	
	14b. Line 12b is more than line 13. On the top Go to Part 3 and fill out Form 122A-2.	of page 1, check box 2,	The pre	esur	mption of	abuse is (determined by	y Form 122A-2.	
Part	3: Sign Below								
	By signing here, I declare under penalty of perjury	that the information on	this sta	aten	nent and i	n any atta	chments is tr	ue and correct.	
	χ /s/ Shirley Adams								
	Shirley Adams Signature of Debtor 1								
	Date January 21, 2019								
	MM / DD / YYYY	4004 0							
	If you checked line 14a, do NOT fill out or file For								
	If you checked line 14b, fill out Form 122A-2 and	file it with this form.							

Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form 2010)

This notice is for you if:

You are an individual filing for bankruptcy, and

Your debts are primarily consumer debts. Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."

The types of bankruptcy that are available to individuals

Individuals who meet the qualifications may file under one of four different chapters of Bankruptcy Code:

Chapter 7 - Liquidation

Chapter 11 - Reorganization

Chapter 12 - Voluntary repayment plan for family farmers or fishermen

Chapter 13 - Voluntary repayment plan for individuals with regular income

You should have an attorney review your decision to file for bankruptcy and the choice of chapter.

Chapt	er 7:	Liquidation
	\$245	filing fee
	\$75	administrative fee
<u>+</u>	\$15	trustee surcharge
	\$335	total fee

Chapter 7 is for individuals who have financial difficulty preventing them from paying their debts and who are willing to allow their nonexempt property to be used to pay their creditors. The primary purpose of filing under chapter 7 is to have your debts discharged. The bankruptcy discharge relieves you after bankruptcy from having to pay many of your pre-bankruptcy debts. Exceptions exist for particular debts, and liens on property may still be enforced after discharge. For example, a creditor may have the right to foreclose a home mortgage or repossess an automobile.

However, if the court finds that you have committed certain kinds of improper conduct described in the Bankruptcy Code, the court may deny your discharge.

You should know that even if you file chapter 7 and you receive a discharge, some debts are not discharged under the law. Therefore, you may still be responsible to pay:

most taxes;

most student loans;

domestic support and property settlement obligations;

most fines, penalties, forfeitures, and criminal restitution obligations; and

certain debts that are not listed in your bankruptcy papers.

You may also be required to pay debts arising from:

fraud or theft;

fraud or defalcation while acting in breach of fiduciary capacity;

intentional injuries that you inflicted; and

death or personal injury caused by operating a motor vehicle, vessel, or aircraft while intoxicated from alcohol or drugs.

If your debts are primarily consumer debts, the court can dismiss your chapter 7 case if it finds that you have enough income to repay creditors a certain amount. You must file *Chapter 7 Statement of Your Current Monthly Income* (Official Form 122A–1) if you are an individual filing for bankruptcy under chapter 7. This form will determine your current monthly income and compare whether your income is more than the median income that applies in your state.

If your income is not above the median for your state, you will not have to complete the other chapter 7 form, the *Chapter 7 Means Test Calculation* (Official Form 122A–2).

If your income is above the median for your state, you must file a second form —the *Chapter 7 Means Test Calculation* (Official Form 122A–2). The calculations on the form— sometimes called the *Means Test*—deduct from your income living expenses and payments on certain debts to determine any amount available to pay unsecured creditors. If

your income is more than the median income for your state of residence and family size, depending on the results of the *Means Test*, the U.S. trustee, bankruptcy administrator, or creditors can file a motion to dismiss your case under § 707(b) of the Bankruptcy Code. If a motion is filed, the court will decide if your case should be dismissed. To avoid dismissal, you may choose to proceed under another chapter of the Bankruptcy Code.

If you are an individual filing for chapter 7 bankruptcy, the trustee may sell your property to pay your debts, subject to your right to exempt the property or a portion of the proceeds from the sale of the property. The property, and the proceeds from property that your bankruptcy trustee sells or liquidates that you are entitled to, is called *exempt property*. Exemptions may enable you to keep your home, a car, clothing, and household items or to receive some of the proceeds if the property is sold.

Exemptions are not automatic. To exempt property, you must list it on *Schedule C: The Property You Claim as Exempt* (Official Form 106C). If you do not list the property, the trustee may sell it and pay all of the proceeds to your creditors.

Chapter 11: Reorganization

\$1,167 filing fee

+ \$550 administrative fee \$1,717 total fee

Chapter 11 is often used for reorganizing a business, but is also available to individuals. The provisions of chapter 11 are too complicated to summarize briefly.

Read These Important Warnings

Because bankruptcy can have serious long-term financial and legal consequences, including loss of your property, you should hire an attorney and carefully consider all of your options before you file. Only an attorney can give you legal advice about what can happen as a result of filing for bankruptcy and what your options are. If you do file for bankruptcy, an attorney can help you fill out the forms properly and protect you, your family, your home, and your possessions.

Although the law allows you to represent yourself in bankruptcy court, you should understand that many people find it difficult to represent themselves successfully. The rules are technical, and a mistake or inaction may harm you. If you file without an attorney, you are still responsible for knowing and following all of the legal requirements.

You should not file for bankruptcy if you are not eligible to file or if you do not intend to file the necessary documents.

Bankruptcy fraud is a serious crime; you could be fined and imprisoned if you commit fraud in your bankruptcy case. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

Chapter 12: Repayment plan for family farmers or fishermen

	\$200	filing fee
+	\$75	administrative fee
	\$275	total fee

Similar to chapter 13, chapter 12 permits family farmers and fishermen to repay their debts over a period of time using future earnings and to discharge some debts that are not paid.

Chapter 13: Repayment plan for individuals with regular income

	\$235	filing fee
+	\$75	administrative fee
	\$310	total fee

Chapter 13 is for individuals who have regular income and would like to pay all or part of their debts in installments over a period of time and to discharge some debts that are not paid. You are eligible for chapter 13 only if your debts are not more than certain dollar amounts set forth in 11 U.S.C. § 109.

Under chapter 13, you must file with the court a plan to repay your creditors all or part of the money that you owe them, usually using your future earnings. If the court approves your plan, the court will allow you to repay your debts, as adjusted by the plan, within 3 years or 5 years, depending on your income and other factors.

After you make all the payments under your plan, many of your debts are discharged. The debts that are not discharged and that you may still be responsible to pay include:

domestic support obligations,

most student loans,

certain taxes.

debts for fraud or theft,

debts for fraud or defalcation while acting in a fiduciary capacity,

most criminal fines and restitution obligations,

certain debts that are not listed in your bankruptcy papers,

certain debts for acts that caused death or personal injury, and

certain long-term secured debts.

Warning: File Your Forms on Time

Section 521(a)(1) of the Bankruptcy Code requires that you promptly file detailed information about your creditors, assets, liabilities, income, expenses and general financial condition. The court may dismiss your bankruptcy case if you do not file this information within the deadlines set by the Bankruptcy Code, the Bankruptcy Rules, and the local rules of the court.

For more information about the documents and their deadlines, go to: http://www.uscourts.gov/bkforms/bankruptcy_forms.html

Bankruptcy crimes have serious consequences

If you knowingly and fraudulently conceal assets or make a false oath or statement under penalty of perjury—either orally or in writing—in connection with a bankruptcy case, you may be fined, imprisoned, or both.

All information you supply in connection with a bankruptcy case is subject to examination by the Attorney General acting through the Office of the U.S. Trustee, the Office of the U.S. Attorney, and other offices and employees of the U.S. Department of Justice.

Make sure the court has your mailing address

The bankruptcy court sends notices to the mailing address you list on *Voluntary Petition for Individuals Filing for Bankruptcy* (Official Form 101). To ensure that you receive information about your case, Bankruptcy Rule 4002 requires that you notify the court of any changes in your address.

A married couple may file a bankruptcy case together—called a *joint case*. If you file a joint case and each spouse lists the same mailing address on the bankruptcy petition, the bankruptcy court generally will mail you and your spouse one copy of each notice, unless you file a statement with the court asking that each spouse receive separate copies.

Understand which services you could receive from credit counseling agencies

The law generally requires that you receive a credit counseling briefing from an approved credit counseling agency. 11 U.S.C. § 109(h). If you are filing a joint case, both spouses must receive the briefing. With limited exceptions, you must receive it within the 180 days *before* you file your bankruptcy petition. This briefing is usually conducted by telephone or on the Internet.

In addition, after filing a bankruptcy case, you generally must complete a financial management instructional course before you can receive a discharge. If you are filing a joint case, both spouses must complete the course.

You can obtain the list of agencies approved to provide both the briefing and the instructional course from: http://justice.gov/ust/eo/hapcpa/ccde/cc_approved.html

In Alabama and North Carolina, go to: http://www.uscourts.gov/FederalCourts/Bankruptcy/ BankruptcyResources/ApprovedCredit AndDebtCounselors.aspx.

If you do not have access to a computer, the clerk of the bankruptcy court may be able to help you obtain the list. Revised 12/1/2009 LBR Appendix 1007-b-6

United States Bankruptcy Court Eastern District of Texas

In re	Shirley Adams		Case No.	
		Debtor(s)	Chapter	7

VERIFICATION OF CREDITOR MATRIX

The above named Debtor(s) hereby verifies that the attached list of creditors is true and correct to the best of my/our knowledge.

Date:	January 21, 2019	/s/ Shirley Adams	
		Shirley Adams	
		Signature of Debtor	

Baylor Scott & White Medical Center 12505 Lebanon Road Frisco, TX 75035

Berkshire Lauderdale by the Sea 2400 NE 75th St., Fort Lauderdale, FL 33308

Charter Communications 12405 Powerscourt Drive Saint Louis, MO 63131

CMRE FINANCIAL SERVICES 3075 E. IMPERIAL HWY #200 Brea, CA 92821

Credit One Bank PO Box 98872 Las Vegas, NV 89193

Credit Protection Association P.O. Box 802068 Dallas, TX 75380

Credit Systems Inc. 1277 Country Club Lane Fort Worth, TX 76112

Credit Systems International PO Box 1088 Arlington, TX 76004

Credit Systems International, Inc. 1277 Country Club Lane Fort Worth, TX 76112

Enhanced Recovery Collections 10550 Deerwood Park Jacksonville, FL 32256

Enhanced Recovery Company, LLC P.O. Box 23870 Jacksonville, FL 32241-3870

Enterprise Rent-A-Car 4205 W. Plano Parkway, Suite B Plano, TX 75075

Fair Collections & Out 6931 Arlington Rd., Suite 40 Bethesda, MD 20814

Frontier Communications P.O. Box 740407 Cincinnati, OH 45274-0407 G C Services 6330 Gulfton P.O. Box 2667 Houston, TX 77081

Kay Jewelers 3471 E. Colonial Drive Suite G-11 Orlando, FL 32803

Lifetime Fitness 7100 Preston Rd. Plano, TX 75024

Medical Payment Data 645 Walnut St. Ste 5 Gadsden, AL 35901

Paramount Recovery Systems PO Box 788 Lorena, TX 76655-0788

Pioneer Capital Solutions, Inc. P.O. Box 719 Anoka, MN 55303

Richard Glass 1617 Baffin Bay Plano, TX 75075

Spectrum 700 Alma Drive #101-103 Plano, TX 75075

Sprint P.O. Box 660075 Dallas, TX 75266-0075

Summit Account Resolution P.O. Box 131 Champlin, MN 55316

Synerprise Consulting 2809 Regal Rd., Suite 107 Plano, TX 75075

Transworld Systems P.O. Box 15520 Wilmington, DE 19850

Trident Asset Management 5755 Northpoint Parkway Alpharetta, GA 30022 United Revenue Corp. 204 Billings Suite 120 Arlington, TX 76010

United Revenue Corp 204 Billings Street Suite 120 Arlington, TX 76010

Wells Fargo P.O. Box 3696 Portland, OR 97208

Wells Fargo Bank 1421 N. Central Expressway Plano, TX 75075